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ABSTRACT

This guidebook was designed to assist mayors, local officials, community activists, community-based organizations, and other aging and housing advocates in developing a framework to measure elderly housing needs and to develop a systematic strategy for assisting the elderly in their city with choices in suitable and affordable living arrangements. Chapter 1, An Overview of Elderly Housing, provides an overview of the demographics of the aging population and their housing needs by examining differences between owners and renters, the issue of housing affordability, and the impact of changing health on housing. Chapter 2, Planning for Elderly Housing, discusses general housing characteristics, current and future, as well as elderly housing needs as part of the planning process. Chapter 3, Getting Started: Tools and Techniques, describes census and other data and reference materials, and techniques for using existing data to identify characteristics of the city's elderly population. Chapter 4, Techniques to Assess Elderly Housing Needs, describes special housing considerations of the elderly and methods for measuring degree of elderly housing needs in the community. Methods for assessing the elderly's health and wealth, their living expenses, the compatibility of neighborhoods, and the suitability of the housing unit are described. Chapter 5, Expanding Choices in Living Arrangements, describes some of the emerging alternative living arrangements for older persons. Chapter 6, Developing a Community Strategy for Elderly Housing, addresses strategies which a community may take to respond to elderly housing needs. Sixteen sections of the appendices include: major programs of the Department of Housing and Urban Development to assist the elderly; state property tax programs for the elderly; and sample calculation for estimating the housing tenure (owner/renter) of elderly occupied units. (NB)

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ASSESSING ELDERLY HOUSING

A Planning Guide
for Mayors, Local Officials,
and Housing Advocates

CG 022036

United States
Conference of Mayors

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The United States Department of Housing and Urban Development (HUD) continues to promote community planning in providing affordable housing for older Americans. We believe it is increasingly important for the public and private sectors to work together at the local level in utilizing existing community resources. We recognize the important work that the United States Conference of Mayors has done by developing a truly functional guidebook for Mayors and local officals to assist their communities in assessing the housing needs of the elderly. We appreciate the opportunity to work with the Conference of Mayors, the Administration on Aging, the Urban Institute and local communities on this worthwhile cooperative effort.

Samuel R. Pierce, Jr., Secretary
U.S. Department of Housing and Urban Development

The Administration on Aging is delighted to have joined with the Department of Housing and Urban Development, the United States Conference of Mayors and The Urban Institute in the preparation of this guidebook. Today and in the future, housing for the elderly deserves our special attention. As a nation, we need to make sure that our commitment to help older people maintain their independence, self-sufficiency and dignity is reflected in a wide range of housing options and supportive services. Working together, older people, aging agencies, government officials and all of us can make this commitment a reality. This guidebook tells how a local community can marshal all of its resources to do just that.

Carol Fraser Fisk, Commissioner
Administration on Aging

Our neighborhoods are made up of all types of people, and the elderly are a significant group within our residential communities. Their housing needs are special and to address them properly, we must offer community-wide support and build effective partnerships between all sectors of government and between the public and private sectors. Only a holistic approach to this issue will result in a housing strategy which continues to promote the independent contribution of the elderly to our communities.

Ernest A. "Dutch" Morial, Former Mayor of New Orleans and President, United States Conference of Mayors

With over 23 million members, the American Association of Retired Persons (AARP) has become acutely aware of the housing needs and concerns of older persons. Most individuals who contact us want to stay where they live and contact AARP housing staff and volunteers about how to do it. Those who want to move are searching for housing opportunities that provide safety, security, affordability, and in some cases, companionship and services. Housing preferences of older consumers are diverse. They are looking not only at what you can buy or rent for the dollar, but also housing options that reflect their living styles.

The senior housing industry is growing rapidly. With this growth, we need to ensure that the full range of housing choices are available to older people of all economic levels and functional status. Understanding the housing needs of the older persons' marketplace will be essential for effective planning and advocacy.

Assessing Elderly Housing: A Planning Guide for Mayors, Local Officials, and Housing Advocates is an excellent resource to begin this process. We are pleased to participate in the production of this important and timely publication.

Cyril F. Brickfield, Executive Director of the American Association of Retired Persons

ASSESSING ELDERLY HOUSING

A Planning Guide
for Mayors, Local Officials,
and Housing Advocates

United States
Conference of Mayors

AARP
American Association
of Retired Persons

Printed in cooperation with the
American Association of Retired Persons
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The United States Conference of Mayors

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The Aging Programs, a unit of the Office of Development Programs directed by Dr. Kay Scrimger, of the US Conference of Mayors was responsible for the development of this guidebook. The guidebook was essentially written by Larry McNickle and Beverly Deacon, with assistance from representatives of the Technical Advisory Panel (listed on back page) and demonstration sites. Sections of the guidebook, particularly calculations in Chapters III and IV were adapted from an earlier draft developed by the Urban Institute.

The project would like to express its appreciation to the many individuals involved in the development of this guidebook, including: Drew Allbritten, Mary Ann Gomez, and Deborah Greenstein of the US Department of Housing and Urban Development (HUD); Norm Weiss of the Administration on Aging (AoA); Mayor Leonard S. Paoletta, Dr. Ruth Gonchar and Stephen Sasala of the City of Bridgeport; Mayor Ernest "Dutch" Morial, Austin Penny, Alvertha Bratton-Penny, Dr. Monica Lett, Mary Turner Hadley, Richard Johnson and Brenda Davillier of the City of New Orleans; Mayor Shiela Lodge, Don Olson and Harriet Miller of the City of Santa Barbara; Mayors William Mugge and Jack Lippman, Wayne Barte, and Paul McIntire of the City of Wheeling; Paulette Fried of the Montgomery County Housing Opportunity Commission; Ed Henry of the City of Pittsburgh; Charlotte McGuire of the city of Dayton; Dr. Raymond Struyk and Dr. Sandra Newman of the Urban Institute; and Joan Crigger representing the National Community Development Association and Cathy Talbert of the Bureau of the Census. The layouts and art work were by Spec-Type; and printing by Reproduction, Inc.

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* This book was reprinted in 1986 courtesy of the American Association of Retired Persons.

Preface

A number of fundamental changes are occurring in this country regarding policies, programs, and resources to address housing needs of older Americans. While local officials and housing advocates may be aware of many of the basic housing problems of their older citizens, and the public resources available to them, they generally do not have an inventory of their elderly housing assistance needs or a comprehensive community plan for addressing these needs.

Purpose of this Guidebook

This guidebook was designed to assist mayors, local officials, community activists, community-based organizations, and other aging and housing advocates in developing a framework to measure elderly housing needs and to develop a systematic strategy for assisting the elderly in their city with choices in suitable and affordable living arrangements.

This guidebook should be of assistance to local governments and communities in planning and providing for elderly housing needs by:

- identifying, measuring and documenting the elderly housing needs in their jurisdiction;
- identifying present housing options in their community, as well as potential alternative living arrangements; and
- developing a strategy for the community to respond to elderly housing needs.

The guidebook is divided into the following sections:

- **Chapter I, An Overview of Elderly Housing** provides an overview of the demographics of the aging population and their housing needs;
- **Chapter II, Planning for Elderly Housing** discusses general housing characterictics, current and future, as well as elderly housing needs as part of planning process;
- **Chapter III, Getting Started: Tools and Techniques** describes census and other data and reference materials, and techniques for using existing data to identify characteristics of the city's elderly population;
- **Chapter IV, Techniques to Assess Elderly Housing Needs** describes special housing considerations of the elderly and methods for measuring degree of elderly housing needs in the community;
- **Chapter V, Expanding Choices in Living Arrangements** describes some of the emerging alternative living arrangements for older persons, and
- **Chapter VI, Developing a Community Strategy for Elderly Housing** addresses strategies which a community may take to respond to elderly housing needs.

It is not necessary to read the guidebook in the sequence of these chapters, and for some, it may not be necessary to read each chapter. While, the reader should have an understanding of the various issues addressed in the guidebook to be considered in the development of a local housing strategy for the elderly, he/she may choose to skip or scan through those sections addressing issues or providing information that they may already have or may need only a general awareness.

Who Should Use This Guidebook

Elderly housing needs involve a number of policy and administrative actions by a wide range of actors in both the public and private sectors. It is hoped that the use of this guidebook may be one technique to help bring together those various local officials and housing advocates with a common involvement in the issue of elderly housing in a collaborative effort to address this issue.

In addition to Mayors and their immediate staff, other city

government staff, such as the housing, planning, community development, and aging offices, as well as broader policy, administration and/or coordination offices might also find the guidelines useful as a framework for local planning and strategy development.

The guidebook may also be of assistance to other community agencies involved with elderly housing as part of a community-wide task force examining elderly housing needs and strategies to expand living options available in the community.

How This Guidebook Was Developed

This guidebook was developed by the United States Conference of Mayors through a joint contract with the United States Department of Housing and Urban Development (HUD) and the Administration on Aging (AoA).

A draft guidebook was developed by The Urban Institute based upon "state of the art" research on this topic and an extensive exploration of secondary data sources.

Four demonstration sites (Bridgeport, New Orleans, Santa Barbara and Wheeling) were selected to provide guidance and assistance in the development of the guidebook. The Mayors of each of these cities were asked to appoint at least two officials to participate in the project; one with expertise in planning and elderly housing, and one with expertise with aging issues and support services.

Based on review and recommendations of the local officials at the four sites, along with other members of the project's advisory panel (see back page), the draft guidebook was revised to its present format.

For further information regarding this publication and other Conference of Mayors activities in this subject area, please contact: Larry McNickle, Director for Aging Programs, United States Conference of Mayors, 1620 Eye Street, NW, Washington, D.C. 20006, 202-293-7330.

Robert M. Buhai
Mayor of Highland Park, Illinois
Chairman, Subcommittee on Aging
United States Conference of Mayors
April, 1985

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I. Overview Of Elderly Housing

In planning to meet the housing needs of older citizens, it is crucial that the older person be viewed as an integral part of the community. This consideration is particularly important when responding to their special housing needs. Approaches must be developed which do not isolate the elderly, but rather help to keep them a vital part of "Main Street" where people and essential services are located.

Anna V. Brown, Director
Department on Aging, City of Cleveland

The ability to live independently in one's own home is a basic desire shared by most Americans. Yet, for many older citizens, the ability to remain in their home and community is becoming increasingly difficult. A number of factors primarily related to economics and health impact this ability.

As a person ages, housing needs change; homes that were appropriate when raising a family may no longer be appropriate when faced with declining physical capabilities and resources.

Economically, older persons living on low and/or fixed incomes often can no longer afford upkeep and utilities for a large house. Twenty percent of homeowners aged 65 and over spend at least 40 percent of their income on housing costs and 13 percent spend more than half.[1]

Many Mayors and local officials are seeking effective solutions to the housing needs of their increasing numbers of older residents. Not only does inadequate housing produce a hardship for the older person, their families and friends, but deteriorating housing and increasing public costs, also adversely impact their neighborhood and community as well.

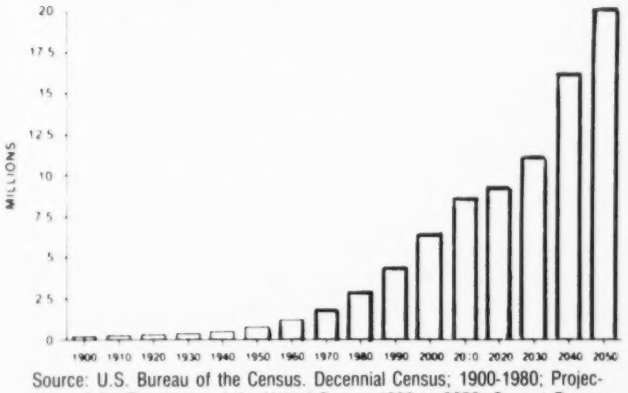
While many communities have begun to address the challenge of meeting housing needs of older persons, these approaches are often undertaken in a piecemeal and ad hoc fashion, not as part of a comprehensive plan to systematically address the multifaceted housing needs of older persons.

For policy makers, planners, administrators and advocates for the elderly, there is a need to reexamine the root causes of elderly housing needs and to develop a comprehensive community strategy to expand the options in living arrangements available for older citizens.

There are a number of factors that should be considered as part of an assessment of elderly housing needs. Included among these are:

- the demographic trends of aging, including an awareness that older persons are no more homogenous a group than the general population as a whole;
- economic considerations which may place suitable housing outside of the income level of an older person;
- the differences between housing needs of owners and renters;
- changes in health and functional impairment impacting an older persons ability to carry out daily activities; and,
- various levels of support necessary to keep older persons in their home and avoid unnecessary institutionalization.

Table 1.1: Actual and Projected Increase in Population 85 Years and Older—1900-2050



Source: U.S. Bureau of the Census. Decennial Census; 1900-1980; Projections of the Population of the United States: 1982 to 2050, Current Population Report, P-25, No. 922, October, 1982. Middle Series Projections.

Older Population: Facts and Figures

The year 1984 marked a demographic turning point for this country, for the first time in its history, there were more Americans 65 years of age and older than there were teenagers.

In the United States, each day 5,000 persons reach their 65th birthday resulting in a net gain every year of more than 500,000 senior citizens.[2]

In the last two decades, the over 65 population increased twice as fast as the rest of the population. While over one-fifth of Americans was 55 years of age or older in 1982 (43.9 million people), this group is expected to grow at a rate of 113 percent between 1982 and 2050.[3]

One out of every seven elderly persons (3.9 million) lived in poverty in 1981. For many, the first time in their lives they face poverty is as they age and move into retirement. Poverty rates are highest among the aged, women, minorities, those who live alone, and among those who are not married, do not work, and depend exclusively on Social Security benefits.[4]

Of primary importance to city policy makers, planners, housing advocates, community organizations, and aging organizations is the added fact that the older population itself, is aging. The frail elderly, those 85 years of age and older, represent the fastest growing segment of the population. Between 1980 and 2030, the total population is expected to increase by 40%, those over 65 years of age will more than double, and those over 85 will increase close to three times that of the current percentage. The impact of this growth on elderly housing planning is evident, 60% of those persons over 75 years of age have some type of chronic health condition that limits their ability to carry on daily activities.

A Brief Profile of Older Americans

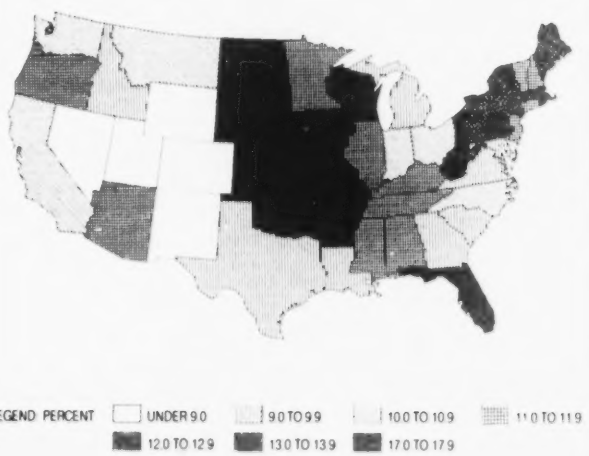
- Since 1900, the percent of Americans 65 and over has almost tripled and the number has increased more than eight times.
- The 85 and over segment of the elderly have grown 165 percent from 1960 to 1982.
- The number of elderly women living alone has doubled in the last 15 years.
- 91% of the elderly live in individually chosen homes, 4% live in federal housing for the elderly, and in retirement communities and 5% live in nursing homes or other institutions.
- 67% of Americans aged 65 and older live with some family member
- In 1981, 17.3 million elderly households lived below the poverty level.
- Older homeowners are concentrated at the lowest income levels, comprising well over half of those homeowners with an annual income of under $5,000.

Source: Adapted from the U.S. Senate Special Committee on Aging in conjuntion with the American Association of Retired Persons, *Aging America: Trends and Projections* 1984, and U.S. Bureau of the Census, *America in Transition: An Aging Society*, September 1983.

Furthermore, the ratio of older women to older men is also increasing dramatically—in 1982 there were 42 men aged 85 and over for every 100 females.[6] It is this group of the older population that is most vulnerable to sudden changes in their living situations (death of spouse or friends, or changes in health) that might require essential support services to remain in out of their home and community.

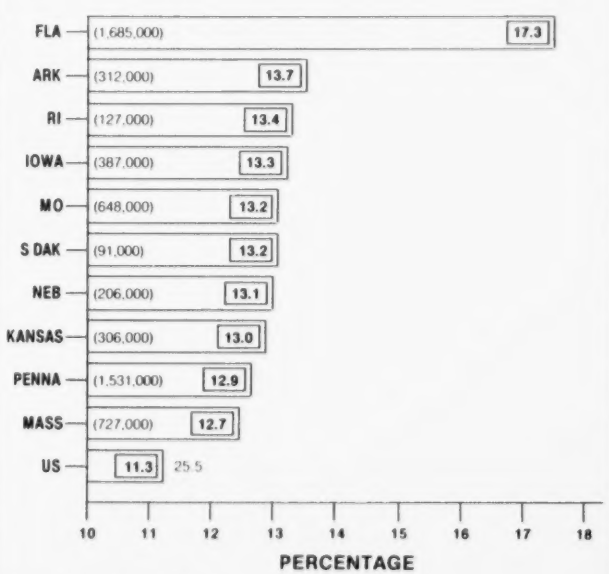
Older Population by State

Percent of State Population Aged 65 and Over 1980



Source: 1980 Census Data

Aged 65 and Older, Top Ten States: 1980



Source: U.S. Census of Population: 1980

Source: U.S. Senate Special Committee on Aging, Developments in Aging: 1981, pp. 31, 34

Table 1.2 Cities with Largest Numbers and Highest Percentage of Persons 65 Years of Age and Older

City	Elderly Population	Elderly %	City	Elderly %	Elderly Population
New York, NY	954,671	13.5	Sun City, AZ	74.1	29,973
Chicago, IL	342,578	11.4	Miami Beach, FL	51.8	49,882
Los Angeles, CA	314,486	10.6	Hallandale, FL	49.8	18,185
Philadelphia, PA	238,037	14.1	Hemet, CA	48.3	10,854
Detroit, MI	140,790	11.7	Tamarac City, FL	44.7	13,131
San Francisco, CA	104,253	15.4	Deerfield Beach, FL	41.3	16,186
Baltimore, MD	100,707	12.8	Boynton Beach, FL	36.1	12,860
St. Louis, MO	79,742	17.6	Dunedin, FL	35.9	10,842
Milwaukee,WI	79,526	12.5	Seal Beach, CA	35.1	9,117
Seattle, WA	76,052	15.4	Delray Beach, FL	29.9	10,263
Cleveland, OH	74,596	13.0	Pompano Beach, FL	29.8	15,680
Washington, DC	74,046	11.6	Largo, FL	29.4	17,339
Indianapolis, IN	72,184	10.3	North Miami Beach,FL	26.2	9,576
Boston, MA	71,500	12.5	Clearwater, FL	26.1	22,322
Pittsburgh, PA	67,830	16.0	Sarasota, FL	26.1	12,754
Memphis, TN	67,221	10.4	Sunrise, FL	25.9	10,277
New Orleans, LA	65,229	11.7	St. Petersburg, FL	25.8	61,760
Denver, CO	62,037	12.6	Hollywood, FL	25.1	30,452
St. Petersburg, FL	61,670	25.8	Boca Raton, FL	23.7	11,732
Miami, FL	58,967	17.0	Atlantic City, NJ	23.5	9,446

Source: U.S. Bureau of the Census, *1980 Census of Population and Housing, Summary Characteristics for Governmental Units and Standard Metropolitan Statistical Areas*, PHC 80-3

In 1980, there were nearly 26 million persons aged 65 and older, better than 11 percent of the total population.[7] However, this graying of America is not taking place uniformly throughout the country. Although national statistics may be helpful in obtaining an overall perspective of the rapid growth of the elderly population, as we shall see throughout this guidebook, demographics at the local level may be very different.

For example, overall the elderly population represent some 11 percent of the total population, in 1983, about half (45%) of those persons 65 and over lived in seven states. California, New York, Florida, Illinois, Ohio, Pennsylvania and Texas.[8]

In addition, nearly two-third of the elderly live in urban areas with half of these in central cities including disproportionate numbers of minorities and low-income elderly.[9] And while nationally, about one in nine Americans is over the age of 65, in many of the country's larger cities, this ratio is closer to one in five or even higher.

Even within the city, there is a wide variation in the numbers and percentages of older residents among the various neighborhoods. Many cities, even those with a lower than national average of older citizens, may have sections within the city of high concentrations of elderly.

Enclaves of Older Persons

Analysis of data on age for census tracts in large central cities shows that there is great geographic variation in the proportion of elderly within cities, reflecting substantial residential clustering of the elderly in such cities. For example, the proportion 65 years and over in the census tracts of the District of Columbia in 1980 varied from 0.3 percent to 60 percent as compared with 11.6 percent for the entire city. Seventeen out of the 178 census tracts (excluding two with populations under 100) in the District of Columbia had in excess of 20 percent of their populations over 65 in 1970. A similar picture can be seen in other large cities. In Cleveland for example, 20 of 196 census tracts have populations with 20 percent or more over 65.

The data does not suggest that the bulk of urban elderly reside in elderly enclaves to the degree that urbanites of the major racial groups and Hispanics cluster in racial/ethnic enclaves. They suggest only that there is a notable concentration of older people in some areas of large cities and a notable deficit of older people in other parts.

The principal factors which account for the concentration of older persons in specified census tracts include low income, which prevents or inhibits desired outmigration, voluntary decisions to stay in the same areas with friends, and neighbors of the same social/ethnic background and age group, and movement from the suburbs or other parts of the city of older persons to those areas, after dissolution of family or sale of home, for reasons of income, social convenience, or compatibility with the population and environment.

Measurement of the "natural" concentrations may be confused by the "artificial" concentrations in congregate housing, retirement villages and nursing homes, but even after these artificial concentrations are removed from any analysis, evidence of geriatric enclaves is expected to remain.

Source: U.S. Bureau of the Census, *Demographic and Socioeconomic Aspects of Aging in the United States*, Current Population Reports, Series P-23, No. 138, August 1984, p.35.

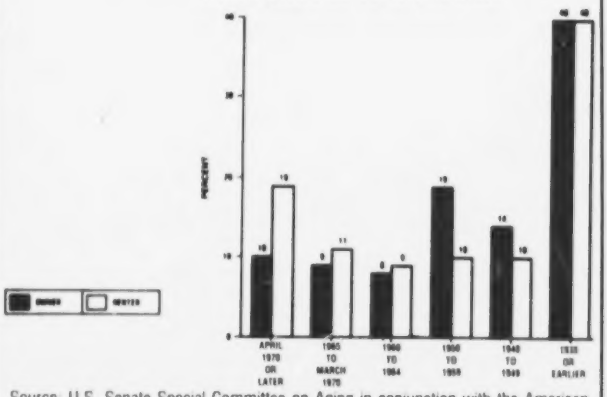
Tenure: Differences Between Owners and Renters

While the questions of economics and the availability of support services are key housing elements for both owners and renters, the problems of each are somewhat different.

Owners—At a time when purchasing a house remains beyond the reach of many, seven out of every ten elderly own their own homes and 84 percent of these are mortgage free.[10] It is estimated that better than $100 billion nationwide is tied up in equity in these homes. While a number of communities are currently examining programs in home equity conversion to convert these funds into usable capital for the elderly, many older homeowners are reluctant to take advantage of these programs. As a result, many elderly remain "house-rich" and "cash poor" situation.

Better than 40 percent of the homes owned by older persons were built prior to 1939.[11] These homes generally bought to raise families, may now be too large and energy inefficient.

Table 1.3: Year Housing Structure Built Householders 65 Years and Older



Source: U.S. Senate Special Committee on Aging in conjunction with the American Association of Retired Persons, *Aging America: Trends and Projections* 1984, p. 91, and U.S. Bureau of the Census, *America in Transition: An Aging Society*, September 1983. U.S. Bureau of the Census Annual Housing Survey 1980 unpublished.

Studies show that older homeowners generally live in housing that is too large for their current needs and that meeting rising maintenance costs, cleaning expenses, property taxes, insurance water and utilities can prove virtually impossible for many. Older homeowners are concentrated at the lowest income levels, comprising well over half of those homeowners with an annual income of under $5,000.[12]

Renters—The housing problems of the one-third of those 65 and over who are renters are somewhat different. While cost is clearly a factor (the elderly pay a larger proportion of their income for rent than other Americans) the availability of rental units at a reasonable price is of prime concern. This is particularly true in high rent areas of cities and for the "marginally poor" who do not qualify for federal housing assistance.

Elderly renters may find difficulties in remaining in their homes as neighborhoods are "revitalized" or "gentrified". With a large number of rental apartments being converted to condominiums or cooperatives, older residents often face the dual prospect of leaving their homes of many years and trying to find new shelter at affordable rates. Such displacement can leave the elderly without decent and affordable housing alternatives as the waiting periods for apartments in low-income housing projects are, in some cities, years long.

However, condominium conversions for other elderly may not always be a problem and the movement back into the city has been helpful in restoring neighborhoods and enhancing the property value for those elderly fortunate enough to remain in their homes after conversion. In these revitalized neighborhoods, opportunities emerge for new life-styles, increased services and intergenerational activities.

Income and the Issue of Housing Affordability

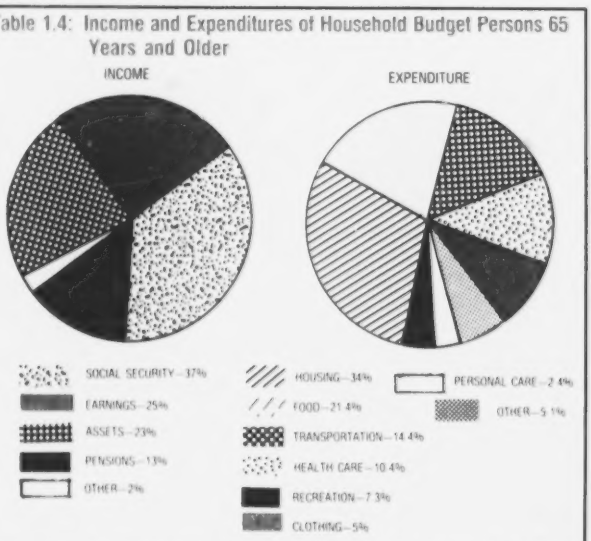
Nearly one-half of all homeowners living at or below the poverty level are 65 years of age and older. They are concentrated at the lowest income levels comprising well over half of those homeowners with an annual income of under $5,000.[13] Income tends to be reduced with age, loss of spouse, and loss of income from work.[14] Older widows and blacks tend to be considerably poorer than the older population as a whole.

Many elderly are considered "house-rich" and "cash poor" due to their life-savings being tied up in the house in which they live; yet having limited budget for basic necessities, as well as maintenance and upkeep on their home and in many cases, the ability to obtain needed support services.

Expenditures on housing constitute the largest component of the total budget for both the under 65 and over 65 population. However, the proportion of the budget spent on housing by the elderly (34 percent) is substantially higher than for younger age groups.[15] This is not because of large mortgage payments since most elderly persons own their own homes. Rather, it is because the homes of the elderly are generally old and often in need of major repairs. Those most dependent on Social Security income have the highest housing expense burdens and the highest rates of inadequate maintenance and facilities.[16]

Elderly persons who live alone receive much less income than those who live as part of a family unit or as members of multi-family households. However, much of the difference may be attributed to the fact that on the average, persons living alone also tend to be older.

Table 1.4: Income and Expenditures of Household Budget Persons 65 Years and Older



Source: Adapted from U.S. Bureau of Census, Current Population Survey, March, 1982 and U.S. Department of Labor, Bureau of Labor Statistics, as reported in *Demographic and Socioeconomic Aspects of Aging in the United States*, Bureau of Census Special Report Series p. 23, No. 138, p. 124.

Health: Impact of Changing Health on Housing

While the overwhelming numbers of elderly are in excellent health, instances of chronic illness tend to increase sharply with age. As mentioned previously, those elderly over 75 and particularly over 85 years of age face the greatest risk of change in their housing situations due to health factors.

Functional Impairment—Chronic health problems of older persons can often limit their ability to handle the simple tasks of taking care of themselves and their homes. The range of services an older person may require due to functional impairments vary greatly. For some, there may be a need for assistance with personal care functions such as bathing and dressing, for others it may be help with caring for the house. Better than half of those people between the ages of 75 and 85 have a chronic condition that limits or restricts their ability to carry on any major activity.[17]

Select Characteristics of Functionally Impaired Population

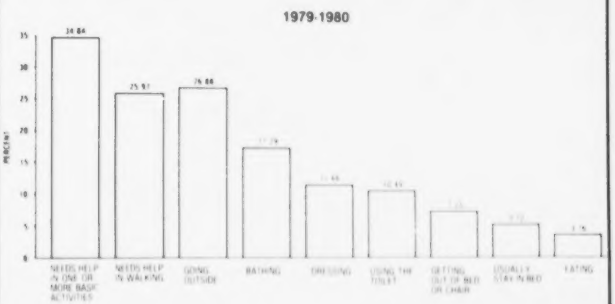
- Overall, about 4.9 million adults living in the community need the help of another person in carrying out everyday activities.
- The need for help of another person increases sharply with age, fewer than 1 in 10 who are 65-74 years of age needed help, compared with 4 in 10 who are 85 years of age or over.
- An estimated 3.4 million adults need or receive help from another person or by using special equipment in at least one of the following basic physical activities: walking, going outside, bathing, dressing, using the toilet, getting in or out of a bed or chair, or eating.
- An estimated 4.1 million adults need or receive the help of another person in at least one of the following selected home management activities: shopping, household chores, preparing meals, or handling money.

Source: Feller, Barbara A., M. A., "Americans Needing Help to Function at Home" National Center for Health Statistics, *Advance Data*, Number 92, September 14, 1983.

Support Services Needs—There is a growing recognition that housing for the elderly means more than the physical structure alone. Adequate housing must also take into account health and social support needs as well as ready access to goods and services. Increasingly, housing is being seen not in the limited view of simply a shelter, but as a vital, complex factor in an individuals physical well-being. Generally, as a person ages, the need for such support services increases while the ability to gain access decreases.

As persons age and their health conditions change, often their primary source of support — friends and spouses — may die or no longer be in a position to provide needed assistance. Such changes in support services needs may require accompanying changes in their living arrangements. For city planners and others involved with developing elderly housing, it may be difficult, due to limited data to measure the level of need required to keep various frail and/or vulnerable individuals in their homes and avoid dependent living situations.

Table 1.5: Need for Assistance—85 Year and Older Population



Source: National Center for Health Statistics, Advance Data No. 92. DDH Pub. No. (PHS) 83-1250. September 1983.

Neighborhoods—It is estimated that about eighty percent (80%) of support services are provided informally by family, friends, churches and social groups.[18] It is in the neighborhood and community that most of these support services are found. In order for the elderly to remain independent (or semi-independent), it is crucial that they have access to such services as transportation, medical services, groceries, etc.

Studies have shown that even when a neighborhood deteriorates and becomes "run down", most older persons would prefer to "age in place." Their neighborhood represents an integral part of their life, a place where they have raised families and grown old.

A 1981 survey by the Urban Institute and the Conservation Foundation of more than 400 older renters and owners in urban neighborhoods—neighborhoods generally perceived as blighted or transient—found that the average American elderly resident had been "in place" about eighteen years.[19] Other studies show that more than 50 percent of all elderly households moved to their present dwelling more than 25 years ago.[20]

The conventional view has been that such immobile elderly are trapped in these neighborhoods without the ability to leave. While in some instances, this may be true, in the 1981 Urban Institute survey, the older respondents, both homeowners and renters, overwhelmingly said they preferred to stay.

Changing City Role in Addressing Elderly Housing

In many cities, positive action has already begun to assist older residents in remaining in their homes and communities. According to a 1982 U.S. Conference of Mayors survey of cities with populations over 30,000, many localities have already initiated programs designed to provide housing alternatives to the elderly.

Such programs include shared or group housing, accessory apartments or "granny flats" restrictive condominium coversion laws and relocation assistance, property tax reductions, weatherization and home repair, as well as the use of reverse annuity mortgages to free-up the equity the elderly have invested in their homes.

A number of these alternative housing programs require changes in ordinances and zoning by the city in order to be implemented. Many cities have begun to more actively use or "rediscover" these types of governing powers (zoning, ordinances, taxes, administrative actions, public-private collaboration, etc.) as an effective policy option to address housing needs of older residents.

Examples of Policy Options in Meeting Elderly Housing Needs

Making Housing More Affordable

- State and local tax relief (e.g., tax freezes, deferrals, exemptions)
- Reverse annuity mortgages
- Rent control and rent mediation boards
- Lifeline utility rates
- Loans for tax payments or weatherization improvements

Facilitating Home Maintenance

- Sensitive code enforcement
- Tax abatements and building permit fee waivers
- Maintenance sharing
- Volunteer and community group maintenance
- Corporate caring for senior housing

Protecting Against Market Pressures and Discrimination

- Downzoning
- Antispeculation on tax
- Condominium conversion controls
- Anti-discrimination ordinances
- Eviction controls

Expanding the Supply of Affordable Housing

- Inclusionary zoning
- Use of public lands and buildings (e.g., schools) for housing
- Tax-exempt revenue bonds
- Targeted corporate investments
- Pension fund investments

Developing More Supportive Alternatives

- Homesharing
- Group living arrangements
- Accessory apartments
- Adult foster care
- Use of volunteer guardians.

Source: SRI International, U.S. Conference of Mayors and National Association of Counties, *Rediscovering Governance: Using Policy Options to Address the Needs of Older Americans*, 1983, p. 55

In addition to local governments, community organizations such as neighborhood groups, churches, local foundations, and other community institutions are beginning to respond imaginatively and energetically to the dual needs of improving city neighborhoods and the special needs of older people.

Although innovative ideas and new developments are taking place in select localities throughout the country, often this is occurring with little systematic planning, assessment and analysis involved.

In part, this piecemeal and ad hoc approach is due to the multifaceted aspect of housing issues and the number of actors or sectors involved within a given community, both governmental and non-governmental.

This guidebook will examine elderly housing needs, ways to coordinate the planning and assessment process; identification and use of available data sources; identification of housing alternatives and strategies which a community may wish to undertake as part of a comprehensive community-wide effort to address housing needs of older persons.

II. Planning For Elderly Housing

Housing is intimately related to every nuance of community life . . . It is the pivot on which turns the location and character of community facilities and services, all of them expensive to install, expensive to maintain, and expensive to change. When the character of the supply and demand for housing shift in land use, the community must adjust this complex of services, and facilities to a different level of use . . . [1]

Leon A. Pastalan, Editor
Journal of Housing for the Elderly.

The issue of housing and living arrangements for older persons is a complex and multifaceted issue involving many actors from both the public and private sectors. These guidelines will provide a framework for assessing needs, learning alternative approaches, and developing community strategies to meet the housing needs of older residents. However, to be realistic, planning for elderly housing must be done in the context of:

- the general housing market;
- consideration for trends and future projections of population changes;
- understanding the priority needs of the elderly in the community and how these needs are currently being addressed;
- present and anticipated efforts by the various levels of government to address elderly housing needs;
- current efforts by the public and private sectors in the community to address housing needs of the elderly; and
- awareness of the regular planning process in the community for housing, community and economic development, as well as aging and human services.

General Housing Market Characteristics

Cities need to understand the status of their housing market. Even though the focus of these guidelines is on a specific submarket, i.e. the elderly, this submarket affects, and is in turn affected by, the general housing supply and demand attributes of the city. All other things being equal, if the demand for housing is intense, effective vacancy rates are low and the market is generally considered "tight". In such a situation, options that increase the supply of housing for the elderly may make more sense than those that focus only on making existing housing more responsive. On the other hand, in "loose markets," i.e., with high vacancy rates, an emphasis on options that would more effectively utilize existing housing units would be the most appropriate strategy.

Population Projections and Future Housing Needs

In developing a needs assessment for the elderly, it is important to consider not only the **short-term** future (over the next five years) but also the **longer-term** future. As previously discussed, demographic trends indicate that the aging population, particularly those aged 85 years and older, is the fastest growing population segment in our country.

A realistic assessment of the rate of projected increase in the community's elderly population, as well as a consideration for the local impact of demographic changes, is an important part of a community elderly housing plan.

To simplify the presentation in these guidelines, we have focused primarily on assessing current population characteristics

The Trends and Forces That Will Shape Communities in the 1980's

- Growth and Diversity of Households
- Energy—Rising Costs and Supply Problems
- Increasing Costs of Housing
- Declining Urban Economies
- Inflation and Growing Competition for Development Financing
- Increasing Risk and Uncertainty in the Development Industry
- Economics and Social Mobility
- Personal Choices in Shelter and Location
- Resistance to Change
- Continuing Desire for Amenities and High Quality Pub Services
- Increasing Competition for Land
- Protecting the Natural Environment
- Institutional Limitations

Source: U.S. Department of Housing and Urban Development. *The Affordable Community: Growth, Change and Choices in the 80s* 1981, The Report of the Council of Development Choices for the '80s, p. 2.

and needs. However, if the guidelines are to be useful for longer-range planning, future population projections must also be considered.

Therefore, cities that desire to monitor and project population changes over time, can also utilize the guidelines by substituting projected numbers of future elderly in those sections that refer to current elderly. Cities that do not have population projection information available (or who are unable to undertake a projection study) can, at a minimum, use "pre-elderly ages", i.e. the size of "future aging" population, such as 50-54 and 55-59 year olds from the 1980 Census of Population.

Even without such additional information as migration and estimates of death, these younger populations could simply be "aged" forward to provide an estimate of the size of the future elderly population. This is a rough estimate and of course, assumes no substantial change in the distribution or nature of needs over time.

Shelter and Other Priority Needs of the Elderly

On the national level, housing and shelter needs rank among the greatest priority needs of the elderly. The best way for communities to respond to these basic needs may vary significantly based upon the elderly and the communities in which they live. For some elderly, the "housing" issue is really an income issue. As discussed in chapter one, many low income elderly (poor and marginally poor) are spending disproportionate amounts of their household budget on shelter needs. The priority need for these elderly is that of affordability.

For other frail elderly living alone with functional impairments, the "housing issue" may really be one of finding necessary support services. The issue then, is whether their present housing and living arrangement provides an environment for necessary support services (meals, homemaker, medical care, shopping, etc.) either formal (community agencies) or informal (family and friends).

Each community will need to assess the needs of their older residents to determine the types of housing which currently exists and the most appropriate responses to address these shelter needs. As these housing needs of the elderly may vary from city to city, they may also vary from neighborhood to neighborhood even within a certain city.

In some cases, income may be the primary "housing" concern for the elderly in one neighborhood, while crime the priority "housing" concern in another; the lack of adequate shopping areas, medical facilities and/or transportation routes may be priority "housing" concerns in yet another area of the city.

Therefore, a city will need to assess the various types of housing needs of the elderly, whether affordability (adequate income to afford housing costs, including taxes, utilities, maintenance and needed support services); suitability (structural deficiencies, size or location in an area lacking needed support services); and/or availability (preference for a particular housing alternative, such as shared housing, which may not exist due to zoning and/or waiting lists excessively long for desired housing options, such as a congregate housing unit.)

Actions Being Taken by Other Levels of Government

Many of the policies, programs and resources available from other levels of government may directly or indirectly impact local elderly housing plans as well.

In addition to such actions as the proposed moratorium on federal funds for a particular housing program, such as the Section 202 loan for building elderly housing units, other actions by the federal, state and local governments may be just as vital.

For instance, tax policies of the various levels of governments, including exemptions, freezes, and incentives to developers and others to undertake particular programs or locations may also affect elderly housing needs. Decisions on neighborhood redevelopment efforts, placement of senior centers, adjustments in public transit routes, construction of roads and highways, as well as enabling legislation for zoning amendments, and changes in health care and social service programs are other examples of governmental policies, programs or administrative actions which directly impact elderly housing.

Each level of government can directly and indirectly have an impact on local housing plans for the elderly. Therefore, it is crucial in developing a local housing plan that there be an awareness of current policies and programs and trends for future actions by the various levels of government. Examples of some governmental actions include:

- **Federal** Over the past decades, the Federal Government, i.e. the U.S. Department of Housing and Urban Development (HUD), has taken lead responsibility in providing adequate and affordable housing for low-income elderly and handicapped persons. However, with reductions in federal spending, the numbers and types of units available through federal housing programs is not increasing. Therefore, with additional housing reductions currently being proposed at the federal level, the need for a comprehensive community plan to assess and develop alternatives and options for meeting the housing needs of the elderly become even more important.

  At the Federal level, the Department of Housing and Urban Development (HUD) has been involved in a number of efforts to address elderly housing needs, such as a joint venture with state and local governments and the private sector, which focuses on affordable housing through regulatory reform, including the use of accessory apartments. In January 1985, HUD, the Administration of Aging (AoA) and the Federal Council on Aging sponsored a national conference on home equity conversion for the elderly to bring national attention to this potential approach to address various housing needs, and to identify issues and exemplary state and local programs. Currently, HUD and AoA are participating in an interagency task force to address architectural designs for elderly housing to make them more affordable and suitable. For a more detailed listing of current HUD programs, see Appendix B. Also Table 2.1 identifies a number of programs at the federal level that involve elderly housing.

Table 2.1: SUMMARY OF HUD ELDERLY HOUSING PROGRAM ACTIVITIES

Sections	Program	Status of Program	No. of Projects	Units	Mortgages	Elderly Units	% Elderly Units	Cum. Fig. Thru
			Unassisted Programs					
231	Mortgage insurance of housing for elderly	Active	497	66,145	1,154,003,727	66,145	100%	12/31/84
221(d)(3)	Multifamily rental housing for low- and	Active	3,611	364,733	6,064,514,303	26,373	7.2%	"
221(d)(4)	moderate-income families	Active	6,809	737,750	19,594,056,632	104,378	14.1%	"
207	Multifamily rental housing	Active	1,893	244,127	3,645,471,074	3,879	1.6%	"
232	Nursing home and intermediate care facilities	Active	1,488	178,558	2,491,653,517	178,558	100%	"
			Assisted Programs					
Title II	Low-income housing	Active	14,994	1,469,008	N/A	384,948		6/30/84
202	Direct loans for housing of elderly and handicapped	Active	2,537	180,752	6,081,449,912	154,865	85.7%	"
235[2]	Homeownership assistance for low- and	Inactive[3]	N/A	473,033	8,456,660,790	66,224	14%	"
	moderate-income families	Active[3]	N/A	117,089	4,409,450,088	3,981	3.4%	"
236	Rental and Co-op assistance for low- and moderate-income families	Inactive	4,058	435,891	7,557,614,685	56,128	12.9%	"
202/236	202/236 conversion	Inactive	182	28,591	487,075,452	28,591	100%	"
8[4]	Low income rental assistance:							
	Existing	Active	17,163	1,226,880	3,454,920,013	342,186	27.9%	"
	New construction	Active	8,339	534,536	2,717,369,316	299,192	56.0%	"
	Substantial rehab	Active	1,663	122,612	768,341,253	46,273	37.7%	"
23	Low Rent Leased Housing	Inactive	N/A	163,267	N/A	54,000+	35%	6/85

[1] Figures obtained from Management Information Systems Division, Housing, Department of Housing and Urban Development, April, 1985.
[2] 235 figures are based on CY 1982 recertifications.
[3] Figures on inactive line are for original program, figures on active line are for revised program.
[4] Excludes 202/8 reservations.

- **State** In recent years, a number of states have initiated various approaches to promote alternative housing and/or expand housing options for older residents. Examples of these include:

  Congregate Housing—One of the early pioneers with congregate housing for the elderly was the Sheltered Housing Program and Group Home Project of Maryland which provides a wide range of nutrition and support services through state, local and private funding.

  Community Planning for Alternative Housing—A number of states have established Task Forces and conducted studies on housing options for the elderly. In 1984 the New York State Aging Office published a guidebook, "Housing Options Resource Book for Older New Yorkers" including various housing alternatives for the elderly available in the State.

  ECHO/granny flats—To promote ECHO/granny flats, the State of California enacted legislation in 1981 to enable local jurisdictions to issue zoning variances and/or special use permits for the use of constructing this housing for the elderly.

  Home Equity Conversion—A few states such as Maine and Wisconsin are developing various options for the elderly to utilize the equity invested in the home.

  State Financing—Ohio is among the states which are using their state taxing authority to issue tax-exempt bonds to finance rental housing for the elderly. To alleviate the housing costs of the elderly due to property taxes, a number of programs have been implemented such as: tax deferrals, circuit breaker, homestead exemption. (See Appendix C for comparison).

  Community Based Support Services—Illinois is one of a number of states which have begun in recent years to address the need to prevent and/or delay institutional care for the elderly through effective housing policies and programs that facilitate the use of community-based systems to provide a range of support services promoting independent living.

Inventory of Policies and Programs in the City

In addition to such factors as the general characteristics of the housing market, decisions addressing the housing needs of elderly should also include up-to-date information about existing and proposed policies and programs being pursued by both the public and private sectors regarding elderly housing in the city.

For instance, there are generally a large number of public and private agencies in the community directly or indirectly involved with elderly housing. Many of these key community agencies may have programs underway, and/or anticipated in the near future, which will significantly impact the community's elderly housing plan.

Many of these agencies may have programs and/or plans for major programs such as an elderly high-rise, a new hospital, senior center or other community focal points for support services, as well as smaller scale programs, such as a shared housing, housing education and counseling, and/or home repair program. Decisions concerning such programs would certainly affect elderly housing needs.

Therefore, one action which a community may want to consider as part of its elderly housing plan is to take an inventory

of existing (and planned) elderly housing units and related support services in the community. Examples of these activities will be discussed in later chapters of the guidebook.

For these guidelines to be used effectively, each city will need to inventory the steps it is currently taking to meet the elderly's housing needs. This inventory would include not only action by the various components of the city (housing, community development, zoning, taxing, social services, and so forth), but by other public and private agencies in the community as well.

Finally, the guidelines provide examples of various housing alternatives and approaches that have been successfully tried in different jurisdictions across the country, but may not yet exist in a particular community. As part of the community's planning for elderly housing, consideration should be given for the possible replication of these "new" alternative housing options.

Elderly Needs as a Part of the Community Planning Process

In most communities, the housing needs of older citizens are considered within the context of the regular community planning process. Concerns and social-demographic information about the elderly are usually incorporated within the description of the general population.

As part of the overall planning process, the city planning department (or unit within the city responsible for general planning) uses a number of techniques to determine housing and basic needs of all citizens, including the elderly. Some of these include: surveys, attitude polls, hearings, meetings, special studies, as well as adapting existing data, such as census.

In addition to the regular planning functions for housing, developing or updating the Master Plan, land-use, zoning, and traffic patterns, the housing needs of the elderly may also be considered within the context of community and economic development plans.

Finally, elderly housing needs may be included as part of a federal and/or state mandate, as a requirement for the community to participate in a particular program. For instance, the state may require the city to include considerations of the elderly as part of the Master Plan.

The state of California for example, requires all cities and counties (Article 10.6 of the Local Planning Chapter) to prepare a Housing Element as part of its General Plan.

While the elderly are not specifically identified, the state law requires that local jurisdictions address the availability of affordable and suitable housing for every family.

The legislation states that the "availability of...decent housing and a suitable living environment . . . for every . . . family is a priority of the highest order. The early attainment of this goal requires the cooperative participation of government and the private sectors in an effort to expand housing opportunities and accommodate the housing needs of . . . all economic levels. The provision of housing affordable to low and moderate-income households requires the cooperation of all levels of government . . ." [2]

The federal government requires that jurisdictions which participate in the Community Development Block Grant (CDBG) program submit a Housing Assessment Plan (HAP) every three years which includes considerations for elderly housing needs.

Wheeling: Older Citizens Views Heard Through Neighborhood Meetings

In 1979, the City of Wheeling's Department of Development began updating its comprehensive plan. As the main focus of its planning effort is at the neighborhood level, the City took steps to maximize citizen participation in the Comprehensive Development Plan. Senior citizens were active throughout the planning process, particularly in those neighborhoods in which they represented a higher percentage of the population.

A series of meetings were held in neighborhood schools and other facilities, and were publicized through newspapers, television and radio. The meetings were also advertised through flyers circulated in the neighborhoods including senior high rise and senior centers. City Council members were urged to encourage participation by their constituents.

In addition, the City sought to gain a better understanding of the neighborhood's character through the completion of questionnaires by residents. Citizens were asked to evaluate housing recreation facilities, public transportation, streets, public safety, and other public services and neighborhood elements; and to list the five most important problems of their neighborhood.

Three to five residents of each neighborhood volunteered and were asked to assist in the development of neighborhood plans, and clarify the problems and potentials in their respective neighborhoods.

Through the assistance of the neighborhood planning group in which the elderly were well represented, and a second round of neighborhood meetings, neighborhood plans for each of the City's fourteen neighborhoods were developed. Each included an inventory and analysis of population and economics; land use; natural features; housing; services and facilities; traffic circulation; transit and parking; street, sidewalk and curb conditions; drainage and architecture. In addition, the problems and potentials as identified by the residents were listed. Specific recommendations for the elderly included the need for additional recreational and elderly housing facilities in certain neighborhoods.

Furthermore, elderly housing needs are addressed through many federal programs that are targeted to specific populations, such as the low- income and/or are targeted to geographical areas or neighborhoods in the city. While these programs may not be specifically designed for the elderly, many elderly are eligible due to their low income and/or residence in a targeted neighborhood.

New Orleans: Elderly Housing Needs Addressed as Part of the Community-Wide Planning Process

The City of New Orleans, as many older urban centers, has witnessed a decline in population since the 1970's. The city's 1982 population was 564,133. However, while total population was declining, households headed by the elderly (65 plus years) increased nine percent and currently represent some 22 percent of all households in the city.

As the population is aging, so also is its housing stock—38 percent of the homes were built before 1940. New Orleans has one of the largest, if not the largest inventory of nineteenth century structures in the country. As a consequence, housing rehabilitation is a principal program within the city's community development strategy, accounting for more than one-third of the current annual CDBG budget. The development, oversight, and management of assisted housing programs within the city is the primary responsibility of the Mayor's Office of Housing and Community Development.

Given the limited nature of available funding resources, it is generally both politically and fiscally advantageous to subsume an elderly housing strategy within the city's broader housing

strategy, particularly that element which addresses the correction of physical housing deficiencies.

The experience of the City of New Orleans in the area of housing rehabilitation programs was that approximately 70 percent of the owners assisted were elderly. This program, however, is targeted on an annual basis to small geographic areas within the broader community development area. Over the ten years of the program, all eleven of the Neighborhood Strategy Areas have been covered, relative to code enforcement inspections and the offer of rehab assistance for owner-occupied properties. These areas encompassed approximately one-third of the CD area and represent the areas of most blight and lowest incomes.

The City initiated a rental rehab program in 1983 and is presently processing applications from areas where code enforcement violations were cited on rental properties and where assistance was not available at the time. Assistance is now being provided to both owner and rental units.

The City additionally funds an Emergency Repair Program which is available only to elderly and handicapped owner-occupants. This program focuses solely on the correction of hazardous conditions, but does not require comprehensive rehab to correct all code violations.

Weatherization programs are also available, primarily targeted to elderly owners. There are seven such programs in the city, one of which is city funded and the remaining six, state funded and administered by various neighborhood based housing development corporations and organizations.

Housing needs of the elderly are also included as part of the City's Housing Assistance Plan (HAP) as required by the Department of Housing and Urban Development (HUD). New Orleans, as all cities or counties receiving CDBG, must file a HAP every three years with annual updates assessing the housing assistance needs of its low and moderate income households, specifying goals for assistance, and indicating the general locations of proposed assisted housing for lower income persons. The elderly are included as a separate household category and community goals must address elderly housing needs in proper proportions.

In addition, the development, oversight, and administration of elderly programs and services is the function of the New Orleans Council on Aging which is an autonomous agency. As the state designated Area Agency on Aging (AAA), the council has the principal planning and coordination responsibility for all elderly support services and programs. The Council is funded by the City, the Older Americans Act and Title XX to finance various support services, including in-home services. The Mayor's Office of Planning and Community Services is the principal coordination link between the Council and all other city departments programs and services.

The basic building block for most community planning is the neighborhood and/or planning district. In many communities, the community-wide master plan is, in essence, the aggregate of the individual neighborhood plans. As discussed in the previous chapter, the elderly in many cities tend to be concentrated in certain neighborhoods, and due to their high numbers and proportions represent an important consideration in the current and future planning of those neighborhoods.

In Bridgeport, housing needs of the elderly are addressed in the context of the characteristics of the neighborhood in which their home is located.

Bridgeport: Elderly Needs Addressed as Part of the City's Comprehensive Neighborhood Strategy

The fabric of Bridgeport is the strong sense of neighborhood among its residents. People tend to identify with their neighborhood before identifying with the City.

This sense of neighborhood is the basis upon which the City's physical development plans are formulated. In updating the city's 1985 Master Plan of Development, the Planning Division of the Office of Development Administration prepared separate profiles for the 25 neighborhoods in the city.

Trends and characteristics of the elderly are included as part of these profiles. They provide an overview of each neighborhood including population and housing characteristics, land use analysis, community facilities and general problem areas (see Appendix D).

Planning for elderly housing is done within the framework of the neighborhood, i.e. basic city services are provided based on the general requirements and characteristics of the neighborhood.

Housing needs of the elderly are viewed within a continuum of levels of need in which the web of social, economic and physical supports in the neighborhood are key.

Special Planning Needs of the Elderly

Older persons should not be viewed as a homogeneous group. They represent a wide range of income levels, health and functional impairment needs, living arrangements, personal preferences, and so forth. However, there are a number of characteristics of the elderly which distinguish them as a group from the population as a whole.

- **income**—Because most older persons are retired, they are generally living on a fixed income, with 42% of the elderly relying on Social Security as their principal source of income. The median income for an older couple in 1980, was $12,965 and $5,096 for a single person. 15% of the elderly live below poverty with 10% marginally poor. [3]
- **health and functional impairment**—Studies show that as persons age, they are more likely to experience health and physical impairments requiring some degree of support services. This is particularly evident among those aged 85 and older.
- **living pattern**—Older persons often tend to be concentrated in certain neighborhoods, they generally live in older homes and as they age, particularly older women who live longer, tend to live alone.

Because of these characteristics, many communities are beginning to recognize the need for more specific planning to meet the special housing needs of the elderly. While most communities do not plan separately for elderly housing, a number of cities are beginning to consider the need for such comprehensive community planning.

Pittsburgh: Comprehensive Planning for Alternative Housing for the Elderly

There were several factors that led the City of Pittsburgh to realize the need for the development of an Elderly Housing Policy. First, in the past few years, there had been a significant reduction and elimination of federal housing programs for the elderly (i.e. Section 202 and Section 8 assistance).

Second, the demographic trends in Pittsburgh indicate an increasingly aging population. The proportion of the population over 65 years is 16%, and accounts for 27% of all City households. In addition, 58% of the elderly households own their own homes.

Faced with these factors, the City saw the need to develop a coordinated approach to the housing issues of the elderly based upon the variety of elderly housing models and subsidy requests that had been received.

Elements of the Study

The principal aim of the study was to provide the City of Pittsburgh with a body of detailed information that would aid in the development of new elderly housing programs and thereby expand the range of housing options currently available to older citizens.

The information would serve as a comprehensive reference source, not only for the City of Pittsburgh's public officials, but also for developers, foundations, aging specialists, planners and neighborhood groups involved in housing activities and services for the elderly.

Study Objectives

The study had five objectives:

- conduct a search to identify and examine the types of housing alternatives or housing support models offered to elderly householders locally, in various parts of this country and in other countries;
- define and develop a classification system of elderly groups according to differing combinations and degrees of economic, social and physical needs;
- build a matrix which would portray the relationship between elderly group classifications, housing needs, and options most appropriate for meeting housing needs;
- provide recommendations of housing alternatives that are most promising for meeting identified local needs and for feasibility of developments;
- design an evaluative component which will make it possible to monitor new housing alternatives from inception, thereby providing a means of assessing factors such as cost-effectiveness, barriers, market demand, and others.

Format

The report submitted for consideration to the City's Urban Redevelopment Authority consisted of three volumes:

- **Volume I**—overview of the elderly and their housing situation in Pittsburgh; **Volume II**—appendix with detailed information on alternatives; **Volume III**—an analysis of functional levels of older adults and a projection of need for each of nine alternatives.

Results

The report could be likened to creating an elderly housing blueprint. It contains classifications of elderly groups by functioning level and needs, estimates of numbers of area elderly with specialized housing needs, projections of demand for a variety of housing options, and recommendations for developing selected housing models in suggested locations.

Who Does Community Planning for the Elderly

In addition to the regular planning functions of city government, there are a number of other organizations and agencies in the community that may have undertaken planning activities regarding elderly housing and which may be beneficial to identify and incorporate within the city's planning activities.

In fact, even within the city government, there are a number of departments and agencies which may also do planning and have relevant information. While the city planning department may have the lead responsibility, other departments which may also be involved in planning activities include: Housing and Community Development, Economic Development, Aging and Human Services, Parks and Recreation, Health, Police, Fire and Community Relations.

Other levels of government and/or quasi-public agencies may also be involved. These include: county governments; neighboring cities; towns and townships, regional councils of government (COG); regional planning agencies; planning commissions and housing authorities.

One key agency in the community which has responsibility for planning specifically for the elderly is the Area Agency on Aging. The AAA may be a unit of the city and/or county government, a unit of a community agency, and/or an independent non-profit agency in the community/area.

Area Agency on Aging: A Community Planning Agency for Older Americans

Section 306 of the Older Americans Act stipulates that the role of the Area Agency on Aging (AAA) is to prepare and develop an area plan for a planning and service area for a two, three, or four-year period as determined by the State agency.

Depending upon staff capacity, resources, the size of the PSA and other factors, the AAA may be able to assist local officials with various aspects of elderly housing needs, including planning; data and information on their elderly; assist with local coordination, particularly with the myriad of social services agencies; provide training and special studies; as well as fund support services.

The AAA can assist in determining the extent of needs for supportive services, nutrition services, and evaluate the effectiveness of the use of resources in meeting such needs.

In addition to the AAA, the Governor of each state has a unit on aging which may also be able to assist with local planning.

There are numerous public and private agencies in the community which may also have undertaken studies and/or have information useful in planning for elderly housing. These include: developers, bankers, real estate firms, human service planning agencies, foundations, colleges and universities, churches, health planning agencies and so forth.

There are a number of approaches which a community may choose in planning for housing needs of the elderly. In addition to studies and assessments being done by the city's regular planning process, the Mayor and/or city may decide to establish or collaborate through: an inter-departmental task force and/or a public-private community task force. Later sections in this guidebook will address techniques and strategies for expanding housing options for older residents.

III. Getting Started: Tools And Techniques

Sound planning tools are needed to make effective policy decisions regarding housing needs of the elderly. The U.S. census data and other national publications are valuable resources, but they should be augmented, as possible, with local data to reflect more realistically local conditions.

Paul Brophy, Executive Director
Urban Redevelopment Authority, City of Pittsburgh

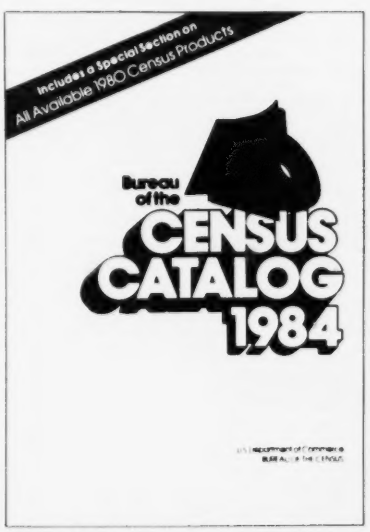
As a community begins planning for the housing needs of it older citizens, the first steps it may want to undertake are: 1) to identify and obtain available data and reference materials, 2) to document general characteristics about their elderly population, and 3) to identify planning areas and neighborhoods within the city where there are concentrations of older residents.

Census Materials: What's Available/ How to Obtain

Perhaps the single most important source of existing data on the elderly and housing is the Census Bureau of the U.S. Department of Commerce. The Census Bureau publishes a number of products in various formats with a wealth of data on characteristics of housing, older residents and neighborhoods. These products are readily available and usually at nominal costs.

The national census has been taken every decennial year since 1790 as required by the Constitution and has included a census of housing since 1940. The latest national census was taken as of April 1, 1980.

The Census Bureau also collects and publishes data for a number of geographical areas, and makes this information available in several formats. The following are selected census data products relevant to elderly housing as described in the *Census Catalog*.



The Bureau of the Census Catalog: 1984 describes all of the products (reports, machine-readable files, microfiche, and maps) issued by the Bureau of the Census from January 1980 through December 1983. It provides a listing and overview of most products and an index giving basic information on how to obtain data products and special services; abstracts of all products released in recent years, ordering information, forms and lists of sources of assistance. The Catalog is helpful in understanding the Bureau's statistical programs and in learning how to obtain assistance and training in identifying data available and what is best suited for your purposes.

How to Order: *The Bureau of the Census Catalog: 1984 Annual*, is available from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. The cost is $7.00; GPO S/N 003-024-05668-2.

Census Geography: Size of Data Area

Among those geographical areas which the Census Bureau collects and publishes data for are: regions, states, counties, cities and other incorporated areas. Data is also collected for specific statistically defined areas such as census tracts, census blocks and Metropolitan Statistical Areas (prior to 1983, known as Standard Metropolitan Statistical Areas). Following is a brief description of these areas:

Census Tract: The census tract is the basic unit for aggregating census data. A census tract averages about 4,000 in population and includes subdivisions of metropolitan areas and some additional counties. Census tract information is available for MSAs and other selected areas in printed reports, other census tract information is available in summary tapes and on microfiche (see chart 3.2 and/or Appendix E for additional information on how to obtain census tract data).

Census Block: A census block is a unit smaller than a census tract and averages about 100 in population. Geographically, it comprises a very small area usually bordered by four streets or roads, e.g. a city block. Census block data is generally available for urbanized areas and cities of 10,000 or more and is available on microfiche. Due to federal laws (Title 13, U.S. Codes) protecting confidentiality of census information, the Census Bureau cannot issue any statistics which identify or disclose individual information; thus it must either suppress data or aggregate it to a higher geographical area. As a general rule, characteristics for persons are shown only if there are fifteen or more persons in the geographic area.

Neighborhood Statistics: Data on neighborhoods was prepared by the Census Bureau for the first time in the 1980 census. Nearly 1,300 cities, counties and townships participated in the voluntary, Neighborhood Statistical Program (NSP). As neighborhood boundaries are not clearly defined geographically, participating jurisdictions provided definitions for the "Neighborhood Publication Areas" (NPA). These do not however, always coincide with the common, local perception of neighborhoods.

A brief report, has been prepared for each locally defined NPA. Each report presents data for the total NPA, each neighborhood and the remainder (if any) of the NPA in which neighborhoods were not defined. In addition, more extensive data is available on computer tape.

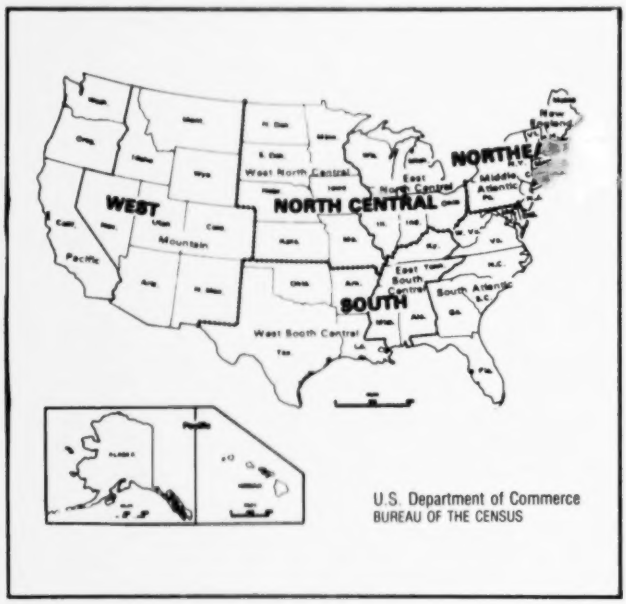
(Standard) Metropolitan Statistical Areas: As previously noted, in June 1983, the Federal Office of Management and Budget shortened the term, Standard Metropolitan Statistical Area (SMSA) to Metropolitan Statistical Area (MSA).

An area qualifies for recognition as an MSA in one of two ways, if there is a city of at least 50,000 population, or an urbanized area of at least 50,000 with a total metropolitan population of at least 100,000. Except in New England, MSAs are defined in terms of entire counties. In addition to the county containing the main city, an MSA also includes additional counties having strong economic and social ties to the central county. There are 260 MSAs currently recognized.

If an area has a population of more than one million and meets other specified requirements, it is termed a Consolidated Metropolitan Statistical Area (CSMA). The major components of a CMSA are termed Primary Metropolitan Statistical Areas (PMSAs). There are currently 22 CSMAs and 75 PMSAs. See Appendix F for a listing.

Other Geographical Areas: Census data is also provided for the following other geographical areas:

- The United States and Puerto Rico
- states, counties, and county equivalents
- cities, and incorporated areas; townships and divisions of counties
- congressional districts, election precincts; and
- the four census regions (northeast, south, north central, and west), and nine census divisions. See map below.



Selected Census Publications

As mentioned previously, the Census Bureau publishes census data in a number of formats. These include:

- Printed Reports
- Microfiche
- Computer Tapes
- Maps

While each may be helpful in local elderly housing planning, not all are available for all cities. Some may already be available locally through the city planning department, library, and/or universities.

Printed Reports—Many census and survey results appear in statistical tables in printed reports. Relatively few Census Bureau publications include analysis of the statistics. *The Statistical Abstract of the United States* and the *County and City Data Book* as well as other compendia pull together the most important data from a wide variety of sources. Since there is considerable data available and printing costs are expensive, there is data in greater statistical and geographic detail on microfiche and computer tapes.

Perhaps the most important census reports for determining elderly housing needs are the *Census of Population (General Population Characteristics); Census of Housing (General Housing Characteristics* and *Detailed Housing Characteristics), Census of Population and Housing and the American Housing Survey.*

Census of Population: General Population Characteristics (PC80-1-B) This report provides 1980 census information with some comparative data from past census. Among those population topics covered, include: number of persons, race, age, sex, fertility ratio, males per 100 females, marital status, percent of persons 65 years old and over now married, total persons in households, persons 75 years and over living alone, total persons in group quarters, household type and relationship, and family type by presence of own children. Tables include data by urban/rural residence and residence inside/outside MSA's. There are a series of 58 paperbound reports, one for each of the 50 states and territories.

Census of Housing: General Housing Characteristics (HC80-1-A) This report provides 1980 census data derived from Summary Tape File (STF) 2 with some comparative data from past census. Housing topics covered include: total housing units, total year-round housing units, total occupied housing units, total owner-occupied units, rooms, medians rooms, persons in unit, median number of persons, and persons per room. Other topics covered include condominium status, tenure, vacancy status, rents, median value, percent lacking complete plumbing and occupancy per room. Tables include data by urban/rural residence and residence inside/outside MSAs. There are paperbound reports for each of the 50 states and territories.

Detailed Housing Characteristics (HC80-1-B) 1980 census data is drawn from Summary Tape File (STF) 4. Housing topics covered include total housing units, rooms, size of household, persons per room, year structure built, units in structure, etc. Other topics covered include: plumbing, heating and air conditioning, telephones, mortgage status, selected monthly owner costs, etc. Data is presented by race and Spanish origin. Population topics covered include total population, income, and poverty status in 1979. Tables include data by urban/rural residence, rural-farm/rural-nonfarm and residence inside/outside MSAs. Some subjects included in the HC80-1-A report described above are covered in more detail in this report. Reports are also available for each of the 50 states and territories.

Metropolitan Housing Characteristics (HC80-2) This report includes sample data from the summary tape file (STF) 5 on housing and household characteristics in 68 detailed tables. Geographic areas covered include the United States, MSAs, central cities of MSAs, and places of 50,000 or more population. A series of 375 reports, one for each MSA, each state, Puerto Rico and the United States is available.

Census of Population and Housing: Census Tracts (PHC80-2) Presents 1980 census complete-count and sample data items for census tracts and selected larger geographic areas for Metropolitan Statistical Areas and selected other areas including five states, counties and places of 10,000 or more population. Data includes characteristics of housing units with householder or spouse 65 years of age and older, mortgage status, monthly costs, rent, below poverty status, etc. A series of 372 reports and maps are available, one for each MSA and each state.

Census of Population and Housing: Block Statistics (PHC80-1-1) Provides an index to the geographic areas contained in the microfiche reports in the PHC80-1 series presenting 1980 census information by block on general characteristics of housing units and population.

American Housing Survey (H150-81) The survey (formerly known as the "Annual Housing Survey"), sponsored by the U.S. Department of Housing and Urban Development and conducted by the Bureau of the Census, presents statistics on housing and household characteristics in a select group of sixty MSAs. In 1978, these MSA were regrouped into four groups of fifteen. (See table 3.1 for list and dates). There are six reports contained in the Housing Survey, designated as Parts A through F. These include:

- A—General Housing Characteristics for the United States and Regions
- B—Indicators of Housing and Neighborhood Quality by Financial Characteristics for the United States and Regions
- C—Financial Characteristics of the Housing Inventory for the United States and Regions
- D—Housing Characteristics of Recent Movers for the United States and Regions
- E—Urban and Rural Housing Characteristics for the United States and Regions
- F—Energy-Related Housing Characteristics for the United States and Regions

Table 3.1: Annual Housing Survey: Listing of Standard Metropolitan Statistical Areas (SMSA's)

Albany-Schenectady-Troy, N.Y.....1974, 1977, 1980
Allentown-Bethlehem-Easton, Pa.-N.J.....1976, 1980
Anaheim-Santa Ana-Garden Grove, Calif.....1974, 1977, 1981, 1986
Atlanta, Ga.....1975, 1978, 1982, 1987
Baltimore, Md.....1976, 1979, 1983, 1987
Birmingham, Ala.....1976, 1980, 1984
Boston, Mass. (See also next entry.).....1974, 1977, 1981
Boston, Mass. (SCSA).....1985
Buffalo, N.Y.....1976, 1979, 1984
Chicago, Ill.....1975, 1979, 1983, 1987
Cincinnati, Ohio-Ky.-Ind.....1975, 1978, 1982, 1986
Cleveland, Ohio.....1976, 1979, 1984
Colorado Springs, Colo.....1975, 1978, 1982
Columbus, Ohio.....1975, 1978, 1982, 1986
Dallas, Tex. (See also next entry.)....1974, 1977, 1981
Dallas-Ft. Worth, Tex.....1985
Denver, Colo.....1976, 1979, 1983, 1986
Detroit, Mich......1974, 1977, 1981, 1985
Fort Worth, Tex. (See also Dallas-Ft. Worth.).....1974, 1977, 1981
Grand Rapids, Mich.....1976, 1980
Hartford, Conn.....1975, 1979, 1984
Honolulu, Hawaii.....1976, 1979, 1983
Houston, Tex......1976, 1979, 1983, 1987
Indianapolis, Ind.....1976, 1980, 1984
Kansas City, Mo.-Kans.....1975, 1978, 1982, 1986
Las Vegas, Nev.....1976, 1979
Los Angeles-Long Beach, Calif......1974, 1977, 1980, 1985
Louisville, Ky.-Ind.....1976, 1980, 1983
Madison, Wis.....1975, 1977, 1981
Memphis, Tenn.-Ark.....1974, 1977, 1980, 1984
Miami, Fla. (See also next entry.).....1975, 1979, 1983
Miami-Ft. Lauderdale, Fla. (SCSA).....1986
Milwaukee, Wis.....1975, 1979, 1983, 1986
Minneapolis-St. Paul, Minn.....1974, 1977, 1981, 1985
New Orleans, La.....1975, 1978, 1982, 1986
New York (Including Nassau-Suffolk), N.Y......1976, 1980, 1983, 1987
Newark, N.J. (See also Northeastern N.J.).....1974, 1977, 1981
Newport News-Hampton, Va. (See also next entry.).....1975, 1978, 1982
Norfolk-Newport News, Va. (SCSA).....1984
Northeastern N.J. (Consists primarily of the Newark and Paterson-Clifton-Passaic areas).....1987
Oklahoma City, Okla.....1976, 1980, 1984
Omaha, Nebr.-Iowa.....1976, 1979
Orlando, Fla.....1974, 1977, 1981
Paterson-Clifton-Passaic, N.J. (See also Northeastern N.J.).....1975, 1978, 1982
Philadelphia, Pa.-N.J......1975, 1978, 1982, 1985
Phoenix, Ariz.....1974, 1977, 1981, 1984
Pittsburgh, Pa.....1974, 1977, 1981, 1985
Portland, Oreg.-Wash.....1975, 1979, 1983, 1986
Providence-Pawtucket-Warwick, R.I.-Mass.....1976, 1980, 1984
Raleigh, N.C.....1976, 1979
Rochester, N.Y.....1975, 1978, 1982, 1986
Sacramento, Calif.....1976, 1980, 1983
Saginaw, Mich.....1974, 1977, 1980
St. Louis, Mo.-Ill......1976, 1980, 1983, 1987
Salt Lake City, Utah (See also next entry.).....1974, 1977, 1980
Salt Lake City-Ogden, Utah.....1984
San Antonio, Tex.....1975, 1978, 1982, 1986
San Bernardino-Riverside-Ontario, Calif.....1975, 1978, 1982, 1986
San Diego, Calif.....1975, 1978, 1982, 1986
San Francisco-Oakland, Calif......1975, 1978, 1982, 1987
San Jose, Calif.....1984
Seattle-Everett, Wash. (See also next entry.).....1976, 1979, 1983
Seattle-Tacoma, Wash. (SCSA).....1987
Springfield-Chicopee-Holyoke, Mass.-Conn.....1975, 1978, 1982
Spokane, Wash.....1974, 1977, 1981
Tacoma, Wash. (See also Seattle-Tacoma.).....1974, 1977, 1981
Tampa-St. Petersburg, Fla.....1984
Washington, D.C.-Md.-Va......1974, 1977, 1981, 1985
Wichita, Kans.....1974, 1977, 1981

Source: U.S. Bureau of Census, *Census Catalog, 1984*, p. 61.

Special Reports—The Census Bureau also provides a number of special reports on select population characteristics, such as *America in Transition: An Aging Society* (P-23, No. 128). This a special report presenting social and economic data with projections on persons aged 65 and older. The study combines data from various government sources including the Social Security Administration and the National Center for Health Statistics as well as the Department of Commerce. It includes topics such as race, sex, and life expectancy.

Microfiche—All census reports printed since the 1790s are reproduced on microfiche and can be purchased from commercial sources. The Census Bureau sells microfiche reports from 1968 to present, and also makes available on microfiche several detailed data series not in print.

Computer Tapes—Many census and survey results are issued on magnetic tape, a form that allows users to handle large amounts of data efficiently. These tapes provide the following types of data:

- **summary tape files** (STF) which parallel many printed census reports and in the case of the population and housing census include considerable statistical and geographic detail not published
- **public use microdata** files which include records for unidentified individual persons, households and housing units in a form protecting confidentiality but allowing users to design their own tabulations, and
- **geographic reference files** which assign geographic codes to addresses and create maps by computer.

Maps—The Census Bureau publishes two types of maps—outline and statistical. Outline maps, which can be found in the printed reports or sold separately, show the names and boundaries of the geographic areas for which data are produced. Statistical maps present a display of selected data at the county level for the entire nation by use of color and shading.

Table 3.2: Selected Maps Available from Census

Program and series/product	Description
Maps	
Metropolitan Map Vicinity Map Series (MMS/VMS) ⊞ 🕮	Uniform map series covering the built up portions of SMSA's and other densely settled areas. Sheets containing census numbered blocks from this and the next 3 map series are published in PHC80-1, Block Statistics Maps series.
Place and vicinity maps ⊞	Selected places and adjoining territory not covered by MMS/VMS
County maps ⊞	All counties not covered in their entirety by MMS/VMS
Place maps ⊞	Incorporated places and census designated places reported in the 1980 census but not shown on MMS/VMS or place and vicinity maps
State and U.S. SCSA/SMSA outline maps ⊞ 🕮	Show the names and boundaries of States (on the U.S. map) and counties, the extent and components of SCSA's and SMSA's and locations of larger places (on the State maps). Published in PC80-1, HC80-1 and -5, and PHC80-3
County subdivision maps ⊞ 🕮	Names and boundaries of counties and their subdivisions (MCD's or CCD's) in each State, as well as of all places recognized in the 1980 census. Published in sectionalized form in PC80-1-A, -B, and HC80-1-A series (the latter two also show Indian reservations and Alaska Native villages). Single sheet versions available
Urbanized area outline maps 🕮	Indicate the extent and component entities (counties, MCD's/CCD's, places) of each urbanized area. Published in PC80-1 and HC80-1-A series; boundaries appear in detail on MMS/VMS above
Census tract outline maps ⊞ 🕮	Show boundaries of census tracts, counties, MCD's/CCD's, and places in census tracted areas. Names of tract boundary features (streets, rivers, etc.) are indicated. Published in PHC80-2 series by SMSA and remainder of State
Congressional District Atlas, Districts of the 98th Congress (1983-1984) 🕮	Presents maps showing district boundaries and lists the counties and incorporated municipalities included in each
Congressional district outline maps 🕮 ⊞	Display relationship in each State of congressional districts of the 98th Congress to county boundaries, with detail on counties split by district boundaries. Published in PHC80-4 series by State
Central business district/major retail center maps 🕮 ▦	Indicate locations of CBD's and MRC's within each SMSA. Published in RC77-C series by State
U.S. map of counties ⊞	Presents the names and boundaries of all counties and county equivalents, including those in Puerto Rico, as of the 1980 census

LEGEND
⊞ = Map
🕮 = publication
▦ = manuscript

NOTE: When used in conjunction with the map symbol ⊞, 🕮 and ▦ indicate publication in reports as well.

Source: Bureau of the Census, *Census Catalog, 1984*, p. 17.

How to Obtain Census Materials

As indicated, the Census Bureau publishes census data in various formats, i.e. printed reports, summary tapes, and microfiche. Many of the printed reports may be obtained through local libraries and universities; and/or if the stock number is known (provided in the *Census Catalog* or through the Data Users Services Division of the Census Bureau) these reports may be ordered through the Government Printing Office (GPO). In addition, the Census Bureau has an established network for disseminating census data, reports, and products.

For additional census information contact the following:

Census Bureau National Office. The Census Bureau provides a number of information services through its national office in Washington, DC., including a comprehensive training program and telephone consultation with subject-matter specialists. For additional information, contact: Customer Services, Data User Services Division, Bureau of the Census, Washington, DC 20233 (301/763-4100).

State Data Center Program. The State Data Center program was initiated by the Census Bureau in 1978 to improve access to the many statistical products available from the Bureau. Through this federal-state cooperative program, the Bureau furnishes statistical products, training in data access and use, technical assistance, and consultation to states which, in turn, disseminate the products and provide assistance in their use. See Appendix G for a list of state centers.

Table 3.3: Selected Areas Covered in Reports and Summary Tape Files (STF's)

Geographic coverage and data detail often differ among printed reports, microfiche, and summary tapes, and from one type of data (e.g., demographic or economic) to another; see "Remarks" column as well as the text for specifics. Printed report ☐ Microfiche unit ▦ Summary tapes ⊳

	Type of data and series	Places: Under 1,000 pop	Places: 1,000–2,499	Places: 2,500–9,999	Places: 10,000+ pop	Counties	Minor civil divisions (MCD's) in 20 States	Census county divisions (CCD's) for 5 of MCD's	School and special districts	Census tracts	Block numbering areas	Enumeration district block groups	Blocks	Indian reservations and Alaska Native villages	Congressional districts	Remarks
POPULATION AND HOUSING	PHC80 V. Final Population and Housing Counts	☐	☐	☐	☐	☐	☐	☐							☐	• Incorporated places only
	PHC80-1. Block Statistics	▦	▦	▦	▦	▦	▦	▦		▦	▦		▦			• Only areas where statistics collected by block
	PHC80-2. Census Tracts				▦	▦				▦						• Only 11 counties with census tracts
	PHC80-3. Summary Characteristics for Governmental Units and SMSA's	☐	☐	☐	☐	☐	☐									• Incorporated places only
	STF 1 (Complete count data)	⊳▬	⊳▬	⊳▦	⊳▬	⊳▬	⊳▬	⊳▦		⊳▦	⊳▦	⊳▦	⊳		⊳▦	
	STF 2 (Complete count data)	④	⊳	⊳	⊳	⊳	⊳	⊳		⊳				⊳		
	STF 3 (Sample estimate data)	⊳	⊳	⊳	⊳	⊳	⊳	⊳		⊳		⊳			⊳	
	STF 4 (Sample estimate data)			⊳	⊳	⊳	⊳	⊳		⊳				⊳		
POPULATION	PC80-1-A. Number of Inhabitants	☐	☐	☐	☐	☐	☐	☐						☐		
	PC80-1-B. General Population Characteristics		☐	☐	☐	☐	☐	☐						☐		
	PC80-1-C. General Social and Economic Characteristics			☐	☐	☐										
	P-25. Population Estimates and Projections	☐⊳	☐⊳	☐⊳	☐⊳	☐⊳	☐④									• Incorporated places only
	P-26. Population Estimates					☐⊳										
	P-28. Special Censuses	☐	☐	☐	☐	☐	☐	☐		☐		☐				• By contract only
HOUSING	HC80-1-A. General Housing Characteristics		☐	☐	☐	☐	☐	☐						☐		
	HC80-1-B. Detailed Housing Characteristics			☐	☐	☐										
	C40. Housing Authorized by Building Permits and Public Contracts	☐	☐	☐	☐	☐	☐									• 16,000 permit-issuing jurisdictions

Source: U.S. Department of Commerce, Bureau of the Census, Factfinder for the Nation, September 1981.

Identifying Basic Characteristics of the Elderly

There are a number of basic characteristics of the city's older residents that must be identified before proceeding with an elderly housing plan. While much of this data may be readily available through the city planning department, a few examples of selected elderly characteristics are included here to familiarize the reader with census materials and techniques for extrapolating desired information.

One of the first considerations is to determine what population base is to be analyzed; and to identify the most appropriate sources of existing data.

Examples provided will focus on the use of printed census *reports* referenced earlier in this chapter. Cities with access to lower aggregated data, i.e. census tract, may prefer to substitute data where relevant. To simplify matters, the census materials will be identified by their citation number, e.g., PC80-1- B to represent the *1980 Census of Population, General Population Characteristics (B)*. The table numbers are consistent for each of the volumes in the series.

As indicated earlier, these reports are published for each state, as well as for select MSAs. The number following the last letter in the citation identifies the state, e.g., PC80-1-B6 is the citation for California while PC80-1-B50 is West Virginia. Unless indicated otherwise, "elderly" in this guidebook, will refer to persons aged 65 and older.

- **Population size of persons aged 65 and older by select characteristics** This first example is essential before any elderly housing planning can be undertaken. Census data for select characteristics of persons aged 65 and over, such as sex, race and household relationship for most urbanized areas is easily identified by Table 28 of the *Census of Population* (PC80-1-B).

State Program Activities

The State Data Centers provide a variety of statistical products and technical services to data users. Each SDC provides the staff and budget support to:

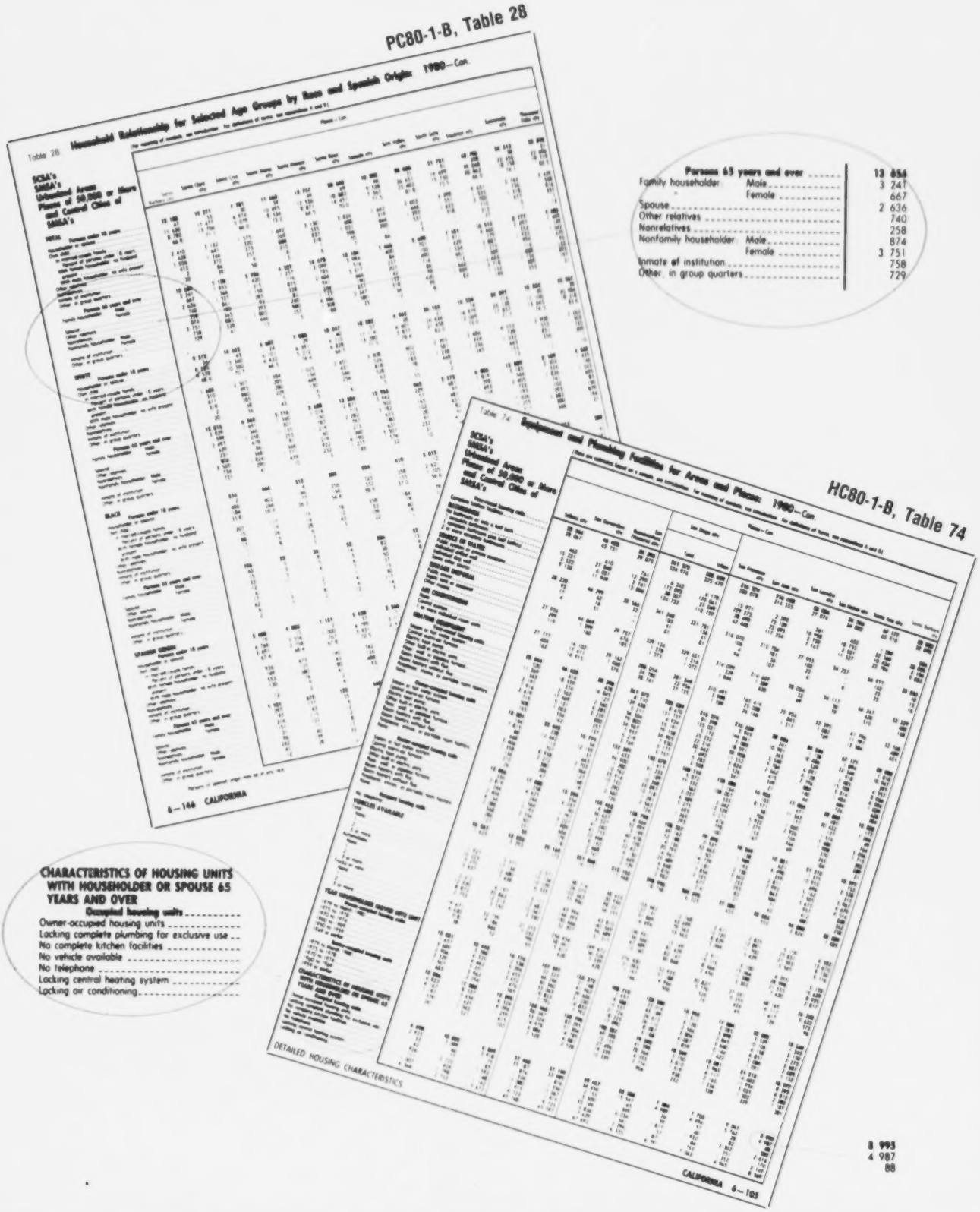
- Maintain library facilities with emphasis on reference materials and Bureau reports and maps.
- Handle inquiries regarding the economic or demographic statistics of the Bureau.
- Provide user training such as workshops on accessing and using Bureau data.
- Provide data processing services such as acquiring; testing; and maintaining Bureau data tapes, geographic reference files, and software; and providing data users with tape copies, printouts, and demographic and geographic profiles.
- Consult on data use.
- Provide analytical support such as technical assistance in completing federal grant applications,or the use of software for statistical analysis, modeling, and graphics.
- Carry out promotional activities involving the distribution of newsletters and brochures and participation in meetings and workshops.

Affiliate Program Activities

Affiliate data centers are established within regional councils of governments, local government agencies, libraries, colleges, or similar organizations to provide localized services in making data resources and assistance available to specific communities, counties, or multicounty areas. Affiliates maintain a collection of major bureau reports for the state and their local service area. They provide assistance in locating data or make referrals to other organizations in the network. Affiliates also co-sponsor seminars and training sessions and may offer expanded data services such as computer processing or data analysis.

For additional information on the State Data Center program and a directory of state offices, see Appendix G.

Table 3.4: Sample Data Sources for Determining Households with Elderly



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- **Number of housing units that contain an elderly resident** If it is desired to estimate the number of *housing units* that *contain* an elderly resident. It will be necessary to do some minor calculations using both PC80-1-B and HC80-1- B (*Census of Housing*).

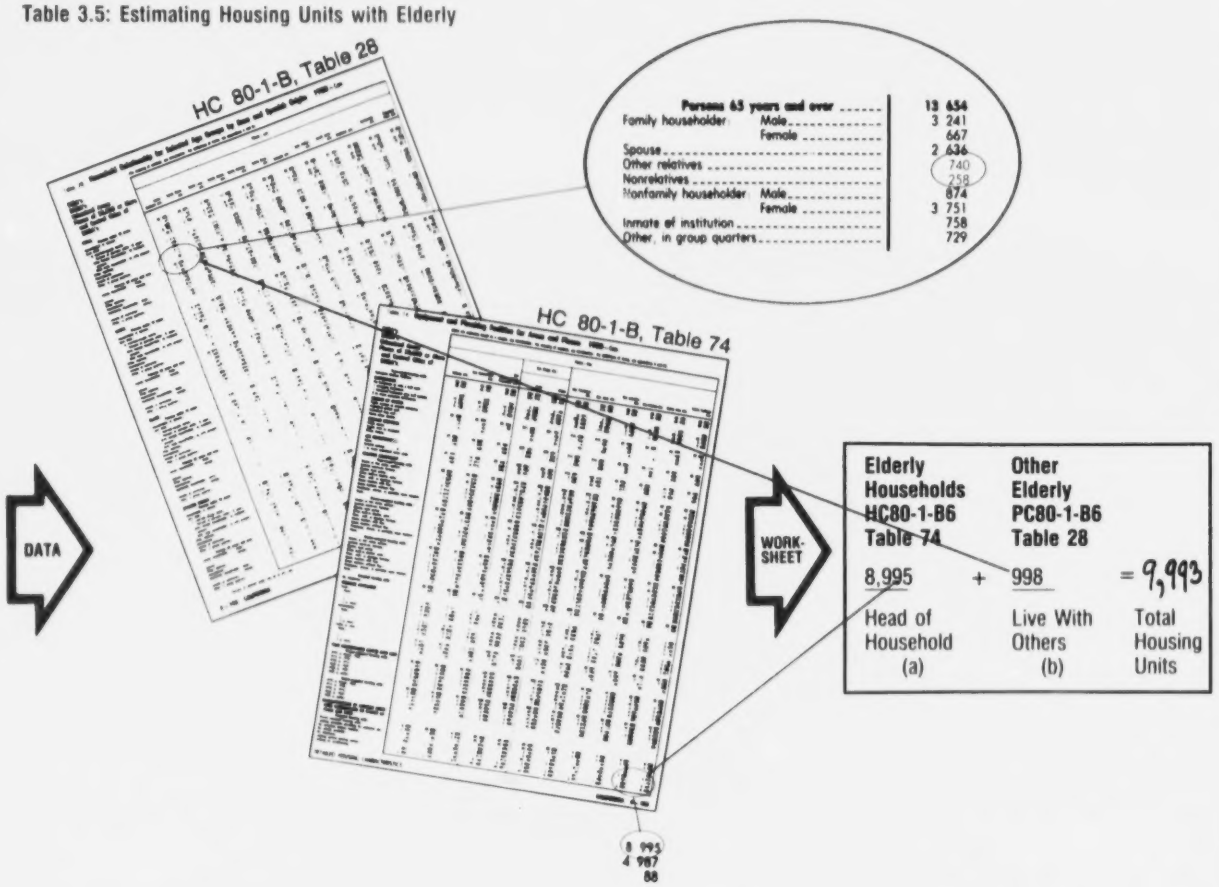
  For example, a city may want to know the prevalence of a particular type of housing need in those housing units in which a person 65 or older resides. Because some elderly live in housing units with a head of household younger than 65, estimates based simply on residence of elderly persons may differ from those based on households headed by persons 65 or older (or where the spouse is 65 or older.)

  An estimate of the number of housing units containing one or more elderly residents can be done (see Table 3.5) by:

  first, determine the number of households where the head or spouse is 65 or older; and,
  second, augment this number with an estimate of the number of households containing elderly persons (but where the elderly person is not the household head).

  See Table 3.4 and further explanation is provided in Appendix H.

Table 3.5: Estimating Housing Units with Elderly



1) Identify and Obtain Data
   (refer to Table 3.4)
   - Two sources—
     —Households—HC80-1-B6, Table 74
     —Elderly—PC80-1-B6, Table 28

2) Develop a worksheet
   Transfer numbers/data to worksheet
   Example with Santa Barbara—
   a) The number of elderly head of households is 8,995 (Table 74 of HC80-1-B6)
   b) Elderly living with someone else is 988 (740 relatives plus 258 non-relatives). (Table 28 of PC80-1-B6).

3) Calculation
   Add the number of elderly household heads (8,995) to units in which an elderly lives, but is not the head of household (998) for the total number of units with an elderly person residing.

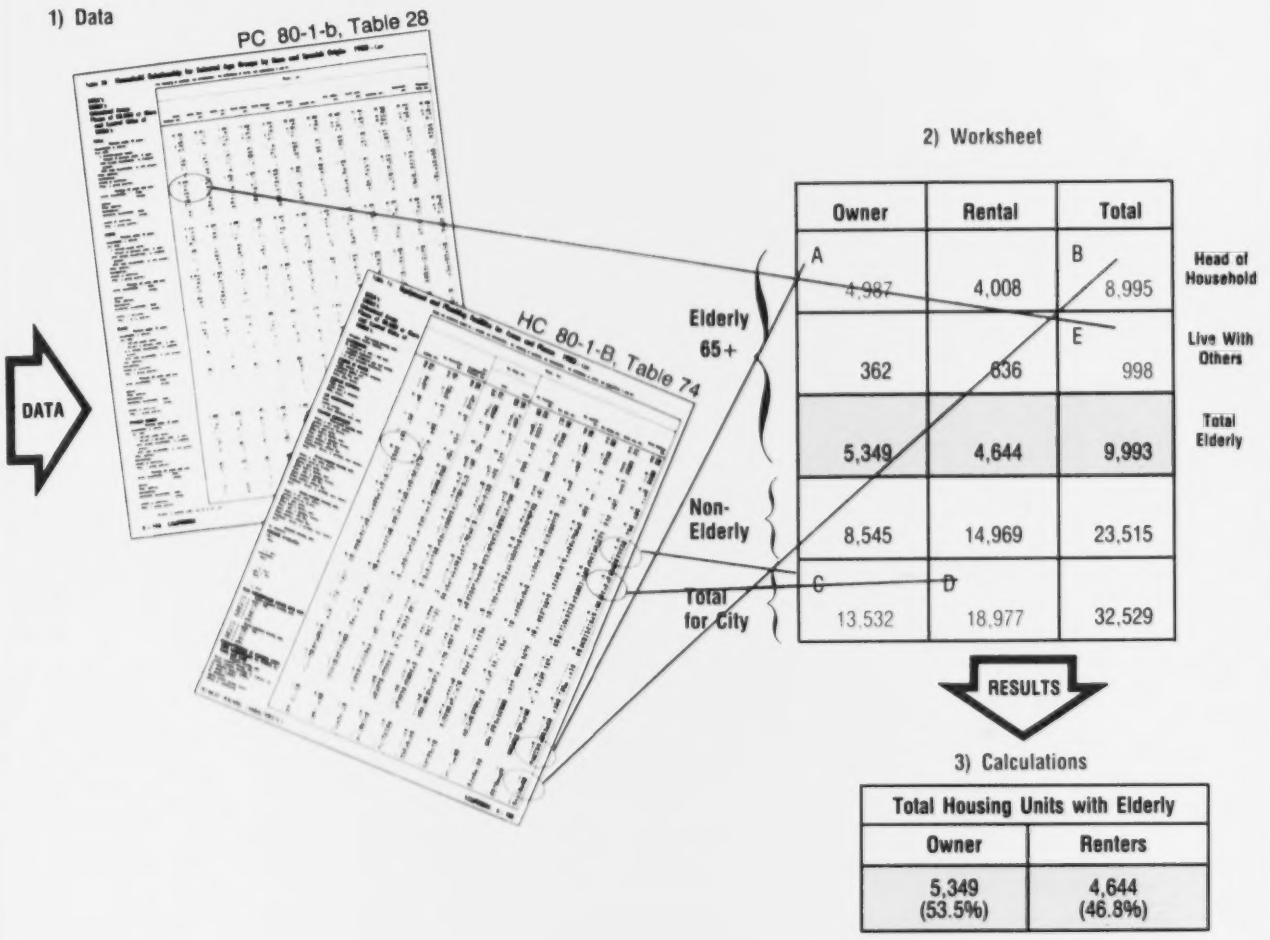
- **Estimating housing tenure (owner/renter) of elderly occupied units**

Depending upon city size and most relevant census source, there are a number of approaches for determining the distribution of elderly residents between owned and rented housing units, that is, housing tenure.

One approach (as illustrated by Santa Barbara in Table 3.6) utilizes both HC80-1-B (table 74) and PC80-1-B (table 28) to calculate the numbers and proportion of owners/renters for the elderly compared to the total population.

Because census data does not provide a breakdown by tenure (owner/renter) for the total number of units in which an older person resides, it will be necessary to do some minor calculations based on the data provided. Another approach (as illustrated by New Orleans in Appendix I) uses

Table 3.6: Estimating the Elderly by Owner and Rental Housing Units



1) Get Data
- Same data sources as Table 3.5)
  - —Housing units—HC80-1-B, Table 74
  - —Households—PC80-1-B, Table 28

2) Develop a worksheet
Transfer numbers/data to worksheet(s), Example with Santa Barbara—
- HC80-1-B6, Table 74 provides:
  - A—elderly owner-occupied units (4,987)
  - B—elderly head of households (8,995)
  - C—total owner-occupied units in city (13,532)
  - D—total renter-occupied units in city (18,977)
- PC80-1-B6, Table 28 provides:
  - E—units in which elderly lives with others (998) (740 plus 258—see Table 3.5)

3) Calculations (see Appendix I for detailed explanation)

Step one: determine units with elderly renters—8,995 (B) minus 4,987 (A) = 4,008; **Step two:** determine total units in city—13,532 (C) plus 18,977 (D) = 32,529; **Step three:** determine the number of non-elderly units—13,532 (C) minus 4,987 (A) = 8,545 for owned units and 18,977 (D) minus 4,008 = 14,969 for rented units; **Step four:** determine ratio of owner/renters for non-elderly in city—(owners is 36.3%, 8,545 divided by 23,514; renters is 63.7%); **Step five:** apply ratio to total units in which an elderly persons resides with others, i.e. 998 (E)—owned units is 362 (36.3% of 998) and rented units is 636 (63.7% of 998); **Step six:** determine total units in which an older person resides that are owned, i.e. owner-occupied (4,987) plus elderly with others (362) = **5,349**; and person resides, i.e. renter head of household (4,008) plus units older person lives with others (636) = **4,644**; and finally, determine the ratio of owned/rented units in which an elderly person resides—owned is 53.5% (5,349 divided by 9,993) and rented units is 46.5% (4,644 divided by 9,993).

data from the Summary Tape File (STF) 1-A of the *Census of Population and Housing* PHC80-1.

See Appendix I for explanation of both calculations.

Locating Areas in the City Where the Elderly Live

One relatively easy and useful technique in preparing background information for planning elderly housing is the development of a series of maps showing locations within the city of elderly residents with select characteristics. Most cities base their planning on clearly defined neighborhoods identified and documented through the use of local surveys, as well as through the use of census data, particularly census tract or block data.

Often the city planning department or planning commission prepares neighborhood maps and studies that include the elderly as one population group. In addition, the Bureau of the Census publishes a series of maps which may be adapted for local use. By applying census data to neighborhood and/or census tract maps, it is possible to indicate those areas in the city with:

- high concentrations of select elderly characteristics, such as income, age, and race; as well as
- housing characteristics such as size of household, age and value of the house.

Depending upon local need, resources, access and availability of census data, there are a number of approaches which a city may pursue in developing elderly population maps.

For example, the City of Santa Barbara prepared a series of city maps identifying select characteristics of the elderly by neighborhood using census block data. Using color codes to indicate ranges of numbers and/or percentages of the elderly, maps were prepared by the City's Community Development Department based on census block data.

The City purchased a computer print-out (STF-1) from the Area Planning Council (a census coordinating agency) and converted the block data into the City's 31 neighborhoods. In preparing the neighborhood maps, the city determined its grouping of population based on the actual distribution of elderly in the city.

For analysis purposes, a series of neighborhood maps were prepared for such characteristics as total population, percentage of elderly, low income elderly by number and percentage.

In addition, by applying locally generated information, such as the location of key support services,(e.g., senior centers, existing elderly housing projects/developments, hospitals and health facilities, shopping areas, and routes for public transportation) in conjunction with census data, it is possible to develop a preliminary assessment of the existing environment in the neighborhood for providing essential support services to the elderly.

As will be discussed in the following chapter, the City of Bridgeport Human Resources Department prepared a series of city maps to reveal select characteristics of their elderly residents, by neighborhood and location of key support services.

IV. Techniques To Assess Elderly Housing Needs

While we can propose models of senior housing, we first must study models of senior citizenship because in understanding citizenship needs we will understand their living and housing needs. If we believe seniors are outsiders to the main stream of society, then our housing models will reflect that; if we believe seniors are active, productive, then our housing solutions must reflect that. We must redefine seniors housing, not as a place were seniors go to retire but as a place were seniors can still practice their citizenship. Senior housing is not a home for the aged but a place where seniors can be at home.

Dr. Ruth Gonchar, Director
Department of Human Resources Development, City of Bridgeport

There are a number of approaches a community may take to assess the housing needs of its older residents. Each of these approaches requires data and documentation. This documentation may either be existing (such as census data) or it may be locally generated (such as a survey). Depending upon the use for the data, local resources and other factors, cities will usually use census data augmented with locally generated data.

As will be discussed in more detail later, policy decisions and implementation of particular programs are dependent upon more than quantitative results of data analysis or needs assessment. However, a needs assessment is an invaluable tool for policy makers in establishing both the parameters of need and the framework for understanding the present elderly housing situation and indicating potential alternative actions.

Approaches to Assessing Elderly Housing Needs

Methodological approaches to needs assessment of the elderly may be categorized into five types[1]:

- **Survey of Elderly Respondent** A survey of the elderly is the most frequently used method of needs assessment among planners. Through this approach, detailed demographic, economic and household information on the elderly can be provided that is not available through secondary data. A survey also enables the elderly themselves, to describe their problems and allow their perspectives on housing needs to be included in the planning process.
- **Secondary Data Use** Census data is the most frequently used secondary data source. Needs identified by this method are those seen in the professional judgement of the planner rather than opinions of the elderly themselves. (Several examples of this approach are provided in this guidebook).
- **Input by Key Informants** Through this approach, key persons in the community are interviewed by planners. While the key informants would not be expected to have quantitative knowledge of need, their extensive involvement in the community with the elderly enables them to be aware of their problems, needs and desires and of available community resources. While there are some limitations to this approach, particularly in identifying appropriate key informants in large heterogeneous jurisdictions and avoiding possible bias in their comments, nonetheless, their use can provide an informal and inexpensive needs assessment.
- **Group Process and Public Hearings** This approach uses public meetings and hearings to gather opinions and information, as well as to establish a consensus on needs of the elderly. For example, a publicly appointed task force or advisory commission can be charged with the task of understanding the goal of analyzing community needs, raising public awareness, and formulating viable solutions to meeting these needs. In addition, many local offices on aging have housing subcommittees which could serve the same purpose.
- **Service Users Statistics** Through the collection and analysis of data on service users, this method can identify and enumerate those services currently being used in the community and match supply and demand.

Each of these needs assessment methods has its own strengths and weaknesses. Generally, they are most effective when used in combination with each other. See Appendix M for a comparison of the different approaches of needs assessments.

There are a number of factors which may help determine which type of assessment is best suited to a particular community. Factors such as the city size, staff capacity, current planning procedures, experiences and available resources are important, as well as a consideration of the need for consumer and community education, coordination and collaboration, and political considerations.

Locally Generated Data

In addition to the census data which can be adapted to local use, most communities will also utilize locally generated data obtained through surveys and special studies. Locally generated data can be targeted to very specific needs, e.g. population groups, issues, geographic areas, etc. There are many approaches which a city may take to generate local data. In addition to the various types of surveys which may be undertaken, the city may decide to contract out for a study by such entities as polling firms, consulting firms, and/or planning agencies.

Another approach might be to collaborate with others in the community both public and private sectors who have a mutual interest in the study. Finally, the city may want to contact a local college/university, or a school with a particular interest in the topic being studied for possible collaboration.

The City of New Orleans utilized a number of approaches for generating local data including the use of a citizens attitude survey and a computerized data base reported on a citywide and census tract basis.

New Orleans: Use of Locally Generated Data

The Office of Housing and Community Development of the City of New Orleans uses a number of approaches to generate local data and input from citizens in its planning process. Examples of two of these are:

- **Citizens Attitude Survey** A telephone survey is conducted biannually to assess citizen's attitudes on various city actions. The survey is based on a four percent sample at the census tract level to ensure a representative cross section sample of city population. The development of the instrument, sample selection, interviewer training, coding and analysis of the data are all done by City staff. The direct cost for each survey is $60,000 to cover the cost of the interviewers.
- **Demographic Profile** The Demographic Profile is a biannual statistical package of the City reported on a citywide and census tract basis, and consistent with HUD regulations in defining low-moderate income. The data is stored on floppy discs which are compatible with the City's micro computers to enable speedy compilation and analysis. It was initially produced by R. L. Polk under contract to the City as an adjunct to the annual update of their cross-index directory.

Based upon an assumption that many communities may need to rely primarily upon existing and/or secondary data, much of this section will be devoted to an approach for extrapolating census data. Generally, the most available secondary data for developing a needs assessment for the community's elderly housing is aggregated to larger than city size.

In using this approach for extrapolating available data, it is important that the limitations are clearly recognized. Furthermore, to the extent possible, it is advisable that the secondary data analysis be augmented with locally generated data.

Special Housing Considerations for the Elderly

As discussed in the overview section on elderly housing, most older persons would prefer to remain in their own home and neighborhood. However, for many older persons their housing needs and living conditions have changed as they aged. For many elderly their present (or near future) housing situation may no longer be suitable or affordable for their needs.

Numerous studies have documented that as a person ages, they are more likely to have functional impairments and chronic health conditions which require health and support services. Increasing numbers of older persons live in homes which are no longer suitable to their needs, due in part, to their functional limitations.

At the same time, economic constraints of those living on a fixed and/or limited income may place the older person in a position where they are no longer able to to afford their present living arrangement. Often, older persons, particularly women, have outlived their spouses and friends (their primary informal support system), as well as their resources at a time when they may have the greatest need for assistance.

In addition to considerations for levels of functional impairment and income, assessing elderly housing needs also requires consideration for other related factors. For instance, consideration also needs to be given to living environments, i.e., neighborhood and housing unit. As a persons ages, so too does their housing unit and their neighborhood.

Each of these factors is integrally related to elderly housing needs. This section will address approaches to assess elderly housing needs from the perspective of:

- the elderly;
- the neighborhood;
- the housing unit.

Assessing the Elderly: Their Health and Wealth

Perhaps the two most important factors in assessing the housing needs of older persons are consideration for their health and wealth, i.e. how suitable and affordable is their present living arrangement.

While health may be the most significant characteristic that distinguishes housing needs of the elderly from others, it presents a problem for many planners and policy makers in how best to assess and measure.

Apart from local surveys and individual studies, there is limited secondary data available to assess elderly health and functional impairment on a local level. At present, the best that is available is that extrapolated from national data collected through the National Health Interview Survey (NHIS).

The NHIS is a cross-sectional, nationwide household interview survey conducted by the Census Bureau for the U.S. Public Health Service. In 1979 and 1980, a Home Care Supplemental was included for the first time in this annual survey to collect data on the need for assistance in various functions due to chronic health conditions. These include:

- **basic physical activities** including walking, bathing, dressing, using the toilet, getting in or out of a bed or chair, or eating; and
- **home management activities** including shopping, routine household chores, preparing meals and handling financial matters.

Nationally, the study revealed that significant variations emerged when these two types of care were analyzed. In 1979, 3.4 million adults living in the community needed or received help in at least one of these activities, representing a rate of 22.5 per 1,000 adults. The rate of needing help in at least one basic physical activity was substantially higher among persons in the older age categories, i.e., 85 plus. Although the percentage of women needing help was higher than men it was not by a statistically significant amount.[2]

Table 4.1: Rate per 1,000 adults who need assistance, by type of need and age: United States.

Type of need	*65-74 years*	*75-84 years*	*85 years and over*
	Rate per 1,000 persons		
Needs help in 1 or more basic physical activities	52.6	114.0	348.4
Needs help in 1 or more home management activities	57.3	141.8	399.0
Usually stays in bed	11.3	25.6	51.2
Has device to control bowel movements or urination	5.3	10.8	28.5
Needs help of another person in one or more of the above	69.9	160.3	436.5

Source: Feller, Barbara A., M. A., "Americans Needing Help to Function at Home" National Center for Health Statistics, *Advance Data*, Number 92, September 14, 1983.

Through extrapolation of the NHIS findings and applying the rates per 1000 for personal care and home management assistance to its elderly population, it is possible for a city to calculate a rough estimate of needs by age group and living arrangement.

While the NHIS data does not delineate living arrangement by tenure (homeowner/renter), the City of Pittsburgh developed its own tenure breakdown by applying the NHIS data. In developing these projections, however, the City cautioned against the accuracy of these numbers as they were based on an assumption that homeowners and renters would experience the same need for personal care or home management.[3]

It is possible based on this calculated proportion, to estimate the number (or percent) of disabled persons or households living in specific types of housing environments (e.g., one-room apartments) in a particular city.

For some measures of housing need, it may be desirable to calculate both of these functional limitations for older residents (basic management and home management); for others, it may be necessary to calculate only one. While, this method will not provide exact numbers; it will provide an acceptable estimate based upon the limited data available.

Recognizing some of these limitations, it is recommended that such extrapolations be augmented with other local needs assessments, i.e. surveys, involvement of key informed individuals, public meetings, and so forth.

In assessing the frail elderly and their support service needs, Montgomery County, Maryland used a number of approaches, including a computerized statistical model for projecting by planning districts, functional limitations of the frail elderly.

Montgomery County: Assessing Alternative Housing Needs For the Frail Elderly

The Housing Opportunity Commission (HOC) of Montgomery County, Maryland, housing authority for a county of 610,000 population (15% elderly) located in suburban Washington, D.C., undertook a comprehensive elderly housing needs assessment. The assessment included surveys, use of key informants, secondary data, and service users, as well as computerized projection of the numbers and percentage of frail elderly, including projections for types of alternative housing.

In assessing the housing situation of older county residents, a particular concern of HOC was the increasing numbers of frail elderly, those who needed essential support services. These older persons, generally aged 75 years and older are the fastest growing population segment in the county as they are in the country as a whole.

The study found that the number of older persons was growing at a rate faster than the number of housing units needed to accommodate them. While a number of new units were being built for the low income elderly, there was concern that suitable living arrangements be developed for the frail elderly—the "old-old"—who need both affordable housing and essential support services to sustain themselves in the community.

Multifaceted Approach to Assess Current Elderly Housing

To gain a better understanding of the level of services required by older County residents, HOC undertook a number of approaches to assess their current and projected elderly housing needs. Some of these included:

Public meetings and workshops with key informants

HOC conducted a series of meetings and workshops on elderly housing and support service needs with other local health, housing and social service providers. Among the major concerns identified by these professionals were:

- the old and "frail" elderly who have an immediate need for services by the time that they seek them;
- lack of domiciliary care for those in need of support services but not nursing homes;
- inability to locate housing which provides 24-hour supervision;
- older persons living with family members also reaching "old age" who may be in need of support services themselves and no longer able to continue to provide needed assistance to the older person without help;
- licensing and zoning regulations that impede housing for the "frail" elderly.

State Study

Through a federally supported demonstration project on long term care, the state of Maryland estimated the number and percent of disabled, noninstitutionalized elderly in Montgomery County. Table 4.2 shows results of this study.

Table 4.2: Estimate Number Disabled Elderly in Montgomery County

Level of Disability	Age 65-75	Age 75+	TOTAL
Not disabled	24,797 76.2%	8,110 44.9%	32,907 65.0%
Mildly disabled	4,958 15.3%	5,420 30.0%	10,388 20.5%
Moderately disabled	1,292 4.0%	2,197 12.2%	3,489 6.97%
Severely disabled	1,492 4.6%	2,320 12.9%	2,812 7.5%
Total	32,549 100.0%	18,047 100.0%	50,595 100.0%

Study by the Area Agency on Aging

The Montgomery County Area Agency on Aging projected slightly higher figures for the County's elderly population, and based on current figures for residents aged 60-64, projected a sustained high growth rate for the older population in the future. The AAA also found that:

- 60 percent of those over 75 and 75 percent of those over 85 are women;
- the children of the "old-old" are often themselves in their 60s and 70s and not able to bear the burden of caring for their parents alone;
- an estimated 70 percent of the over 75 population in the county had functional disabilities requiring continuing management by a physician and some assistance in daily living tasks.

Survey of Older Tenants

In 1982, the HOC conducted a survey of 968 households in seven of its assisted housing developments to assess needs. Selected results indicated that:

- 87% of residents were living alone in their apartment; the majority of these single women.
- 217 head of households (22%) were 80 years or age or older.
- 489 households had annual incomes below $6,000.

Other findings indicated that better than three-fourths of the residents were either partially self-sufficient or dependent in the areas of transportation, health assistance, homemaking and psychological counseling.

The difficulty that many of these residents face is that while they may be too frail to manage alone, they are not eligible for or in need of, nursing home care. Many are considered at-risk for continued occupancy in independent living situations. The dilemma for the older person is where do they go once they can no longer remain in their present living arrangement.

For planners and policy makers, a concern is how to measure and plan for more suitable alternative living arrangements. To address this need, HOC utilized an approach to project the conditions and needs of the County's elderly population in future years based on the following needs:

- the use of functional impairment as a measurement for needs analysis;
- planning on the basis of future estimates rather than current or prior data;
- use of community or planning areas as the basis for planning.

A computerized needs assessment was utilized as the first step for this planning strategy.

Computerized Needs Assessment

In developing a projection of the numbers of functionally impaired elderly in the county by planning districts, HOC utilized a computer model developed by a human services consultant firm located in the county.[4] The methodology is based on two fundamental premises:

- the distribution of functional status in an elderly population is related to the demographic makeup of that population; and
- service needs of older people are directly related to functional status.

The computer model is based in part upon a Duke University study on functional impairment (see Table 4.3) and an analysis of a GAO study[5] of the geographic distribution of impaired elderly in Cleveland. For further information on this computerized model, please see Appendix N.

By using the data from this computerized needs assessment in conjunction with other information, planners and policy makers are in a better position to compare/determine current levels of service delivery with projections of service needs.

Table 4.3: The Primary Services Received At Each Impairment Level

Service	Impairment Level: Unimpaired	Slightly	Mildly	Moderately	Generally	Greatly	Extremely
Transportation	X	X	X	X	X	X	X
Checking (periodic monitoring)	X	X	X	X	X	X	X
Social/recreational	X	X	X	X	X		
Homemaker			X	X	X	X	X
Housing			X	X	X	X	X
Administrative/Legal				X	X	X	X
Meal preparation				X	X	X	X
Food, groceries				X	X	X	X
Personal care (aiding an individual with dressing, bathing, etc.)						X	X
Continuous supervision (full-time monitoring)							X
Nursing care (skilled care)							X

Duke University, Center for the Study of Aging and Human Development, *Multidimensional Functional Assessment: The OARS Methodology* (Second Edition), 1978.

Table: 4.4: Data Summary for Housing Needs Measures: Affordability

Indicators of Dimension and Measures	Data Source(s)	Geographic Level of Aggregation	Unit of Analysis
Housing Costs			
(1) Housing cost as percent of income	Census HC 80-2, Table C-10	Central City of SMSA of state	Householder/spouse 65+; Tenure; Mortgage characteristics
(2) Utility cost (energy cost as income)	DOE/ELA-0382, *Natural Gas: Use and Expenditure* Table 4	9 regions	Householder/spouse 60+
Low Income			
	Census PC 80-1-C:		
	Table 115 (% of income below poverty level 1979)	City	Persons 60-64, 65-74, 75+ Living arrangements
	Table 124 (median income)	City	Family householder 65+; persons
	Table 125, 131, 137 (income below 125% poverty level, by race)	City	Family householder 65+, persons unrelated individuals 65+; race
	Census HC 80-2: Tables C-3 and C-4 (Household income *distribution)*	Central City of SMSA for state	Household type; Age; Tenure
	Table C-11 (Household income *distribution)*		Sex of householder; Age; Tenure; Amount of rent
	Census PHC80-52: Table P-4 (1979 income below poverty level)	State	Householder 65+; Household type
Private Sources of Support			
(1) Elderly person living with family members or non-family members (excludes elderly couples either head of household, spouse, or both are 65+)	Census PC 80-1-C Table 115 (add "other relatives" to the difference between "Nonrelatives" and "Living alone"		
(2) Size of housing unit among families who have taken in an elderly relative			
(3) Income of elderly persons living with others			
(4) Total family income of families who have taken in an elderly relative			

Affordability: Assessing Elderly Living Expenses

As discussed in the earlier chapters of this guidebook, there are a large number of low income older persons (those living at or below poverty levels as well as the "near poor" existing on limited incomes near or just above the poverty level) whose present living arrangement may be financially difficult.

While nearly 70 percent of the elderly own their own home, over one-half of these live at or below the poverty level.[6] Many older persons have been categorized as "house rich and cash poor" because of the equity tied up in their home. Yet, many older homeowners are unaware, reluctant, or unable to tap their home equity into cash.

Without adequate income, an older person is not only unable to purchase needed goods and services, but also may be unable to pay property taxes and maintain the upkeep of his/her home. These conditions adversely affect not only the older person, but the neighborhood and community as well.

To assist local officials in assessing the issue of affordability of current housing for older residents, the Census publishes a number of data sources indicating elderly income levels and select housing costs. As indicated earlier, census data is published in various formats, e.g. printed reports, microfiche, computer tapes, aggregated for states, select cities and neighborhoods, regions and census tracts. See Appendix E for a listing of select census data. For example, the *Neighborhood Publication Area (NPA)* as described in Chapter III provides data by neighborhood on such characteristics as:

- Income by households, families, and unrelated individuals, including median, mean and dollar amounts (P-5)
- Household income with Social Security, and mean public assistance (P-5)
- Poverty status for unrelated individuals aged 65 and older and aged 60 and older; by household, number and percentage (P-5)
- Value of home for owner-occupied (H-1), as well as mortgage status (H-4)
- Median rent (H-1) and gross rent by dollar amounts (H-4)
- House fuel and select utilities (H-4)

This data may be utilized to develop a profile of the economic well-being of the elderly in the city, and/or by neighborhood. Table 4.4 provides references to other census data which may be helpful in examining the issue of affordability of elderly housing.

By applying the techniques explained in the previous chapter, it is possible to extrapolate data to measure several indicators of the affordability of present living arrangements. In addition, it is possible to utilize this data in developing a profile of the various neighborhoods in the city where there are high concentrations of older residents.

Neighborhoods: Assessing Compatability

Recent studies by the Conservation Foundation and the Urban Institute reinforce the perception that the elderly would prefer to remain in their own home and neighborhood, to "age in place".[7] Yet, for many elderly there are a number of factors which make remaining in their home difficult or impossible.

As indicated earlier, as a person ages, he/she often requires more intense levels of support services. Estimates are that nearly eighty percent of these support services are provided

"informally" by relatives, friends and neighbors. However, with increasing age and increased chronic health and functional impairments, there is often a need for formal assistance, public and private.

Many of the support services needed by the elderly may already exist in the city. Yet, differing programs and requirements of the array of public and private social service agencies in the community, often make it difficult for the older person to be aware of the service or know how to apply for it.

For some elderly, the neighborhood itself may have significantly changed and "aged" since they first invested in their home an average of 18 years ago.[8] It may have experienced a change in its demographics; its zoning and living patterns or economic base, i.e. businesses and industry. These changes whether deterioration or revitalization, may drastically alter the familiar and informal support system of older residents.

Because of changing neighborhoods, many of the elderly who chose not, or could not leave are faced with living in neighborhoods which may now be either unsuitable or unaffordable. Yet, regardless of the problems, many elderly are reluctant to leave their home and the neighborhood in which they have lived most of their lives.

There are a number of approaches which a community may take to intervene and improve the living arrangement of the elderly through actions addressing the support system available in their neighborhood. Several of these will be discussed in the following chapters.

Assessing the suitability of neighborhoods in which the elderly live can be done through several approaches. This section will discuss the use of secondary data, particularly census to measure need as well as to adapt for use in developing planning maps. As indicated in Table 4.5, there are a number of census data available to measure elderly housing based on dimensions of their neighborhood.

By applying the calculation method described in Chapter III,

Table: 4.5: Data Summary for Housing Needs Measures: Neighborhood

Indicators of Dimension and Measures	Data Source(s)	Geographic Level of Aggregation	Unit of Analysis
Safety of Neighborhood			
(1) Perception of neighborhood crime	AHS SMSA Part B, Table 3	CC of AHS SMSA	YRHU;T
(2) Satisfaction with police protection	AHS SMSA Part B, Table 3	CC of AHS SMSA	YRHU;T
(3) Number of crimes	U.S. Department of Justice—*Uniform Crime Reports: Crime in the United States, 1981*	City	crimes (by type)
Convenience of Neighborhood			
(1) Satisfaction with public transportation	AHS SMSA Part B, Table 3	CC of AHS SMSA	YRHU;T
(2) Satisfaction with neighborhood shopping	AHS SMSA Part B, Table 3	CC of AHS SMSA	YRHU;T
(3) Satisfaction with recreation facilities	AHS SMSA Part B, Table B	CC of AHS SMSA	YRHU;T
Access to Sources of Social Support			
(1) Single person living alone	Census PC 80-1-C, Table 115	City	Householder/spouse 65+
(2) Single person living alone in a single familly home	(1970) Census Subject Reports: *Housing of Senior Citizens*, HC(7)-2, Table-6 ("Household Composition for Households with head 60 years old and over by housing characteristics: 1970)	State; select SMSAs	YRHU; Sex; Householder/spouse 65+; T
	Housing of Senior Citizens Table C-5 ("Parsons 60 years and over by household composition and Selected Housing Characteristices: 1970")	CC SMSA for U.S.	Persons, by age groups (50+; 60-64; 65-74; 75+): sex

Legend:
AHS = Designates Data From The Annual Housing Survey
CC = Central City
SMSA = Standard Metropolitan Statistical Area
YRHU = Year Round Housing Unit
T = Tenure

(see tables 3.5 and 3.6) it is possible to extrapolate from available census data, an estimate of several dimensions of need in the neighborhood. These dimensions include an unsafe neighborhood, i.e. incidence of crime and/or perception of crime; inconvenience of neighborhood, i.e. degree of satisfaction with shopping areas, public transit and recreation facilities; and isolation from sources of informal social support, i.e. living alone.

Since neighborhood information is usually more accurate and more available from local sources, an assessment of these conditions would be better in conjunction with at least one of the other methods of needs assessments. There are many local sources of information on the neighborhood and potential sources of support services for older residents. In addition to information from the Mayor's and/or council office and the planning department, a partial listing of potential public and private sources of information is included in Table 4.6.

Table 4.6: Selected Community Agencies with Potential Information on Neighborhoods and Elderly

- Police Department
- Fire Department
- Aging Office
- Human Services Department
- Housing Department and/or Housing Authority
- Community and/or Economic Development Department(s)
- Area Agency on Aging (AAA)
- Social Services planning/funding agency
- Social Service delivery agency such as health, senior centers, counseling, transportation, chore, etc.)
- Tax assessor office
- Churches, fraternal and other community agencies
- Chamber of Commerce, realtors, business community

Another fairly easy approach to assessing the neighborhood and its potential impact on the needs of older residents might be the development of a series of maps for analyzing select neighborhood characteristics.

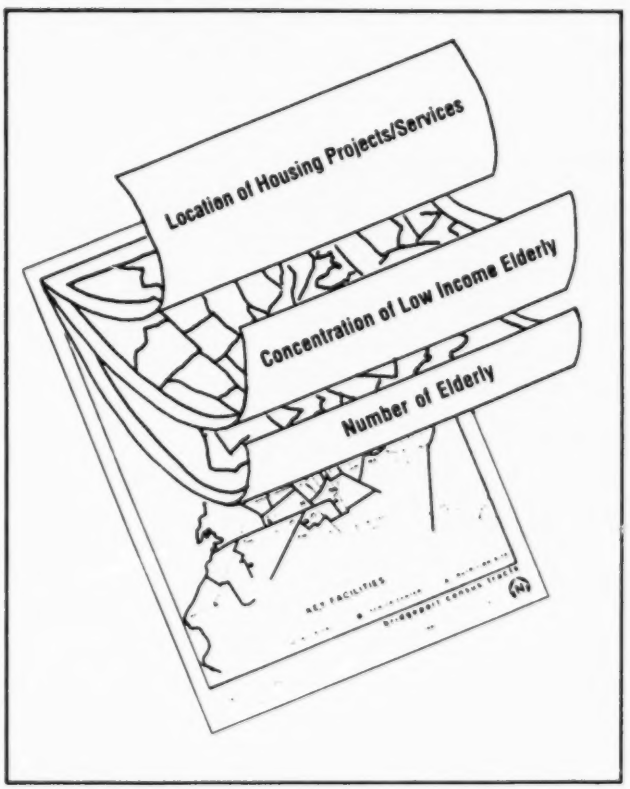
For example, the City of Bridgeport developed a series of maps by adapting census data with locally obtained information on the neighborhoods. Through the use of a series of transparencies indicating select characteristics, the City was able to compare the relationship of several related characteristics of their older residents and housing and living arrangement needs. These maps are representative of the types of information which a community may choose to develop.

Neighborhood Maps Used to Assess Elderly Housing

The backbone of the City of Bridgeport, like most cities, is the strong sense of neighborhood among its residents. Older people and younger people alike identify where they live in the city by their neighborhood. As discussed in Chapter II of this guidebook, the City conducts most city planning in terms of its 25 neighborhoods. Separate neighborhood profiles outlining location, acreage and zoning, population characteristics, housing stock analysis, and land use were prepared for each neighborhood as part of the City's Master Plan. (See Appendix D).

Using census data, particularly census tract and neighborhood level information, the City's Department of Human Resources Development was able to prepare a series of charts and maps to indicate by neighborhood, various characteristics of the elderly, their housing and support service needs. Included among these are:

- numbers and percentages of elderly
- concentration of low income elderly
- minority and ethnic elderly
- location of elderly housing projects
- location of key support services



Through the use of maps and transparency overlays of select characteristics of the elderly and other factors by neighborhood, it becomes clear where the concentrations of low-income older persons, older homeowners, and frail elderly are located, as well as the location of key support services such as senior centers, hospitals, transportation routes and existing elderly housing projects. Any number of other social, economic or political factors can be easily adapted to this approach making it a valuable planning tool.

Methodology

Information required to develop these maps can be determined by the following steps:

Step 1 Identify data source—The City of Bridgeport used census tract data.

Step 2 Adapt census data to neighborhoods—Bridgeport had participated in the Census Bureau's Neighborhood Statistics Program and incorporated the City's 44 census tracts into 25 neighborhood boundaries.

Step 3 Prepare worksheets on select data characteristics—See Appendix D for sample worksheet. Essentially, the method consists of:

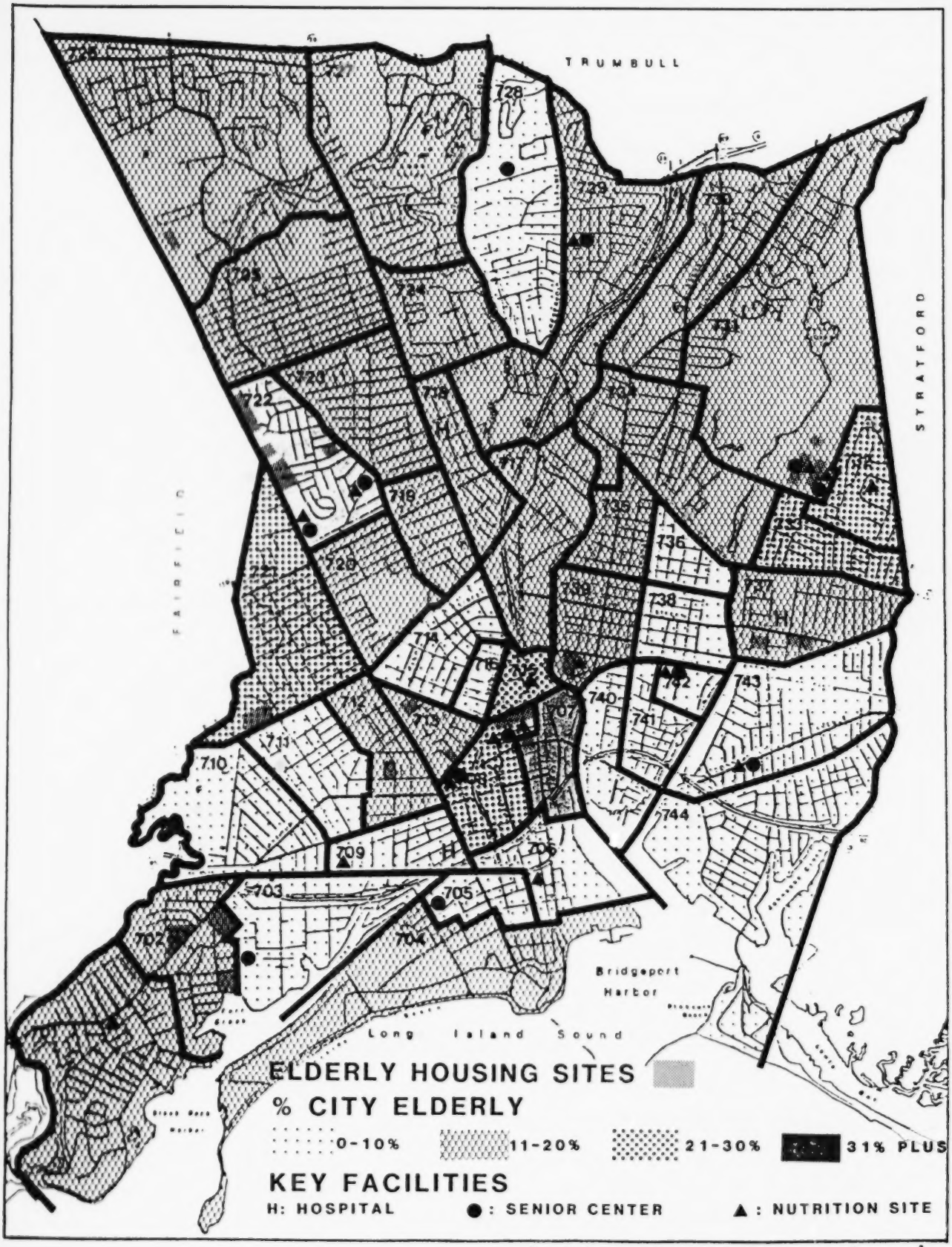
a) identifying for each census tract a specific characteristic, e.g. numbers of persons aged 65+.
b) determine size for each neighborhood-combine the data for those census tracts which constitute a given neighborhood. In some cases two or three census tracts may need to be combined to form one neighborhood. In Bridgeport, there are 12 single census tract neighborhoods, nine with two census tracts; three with three and one neighborhood with four census tracts.
c) Determine the average size (number or percentage) of a select characteristic by neighborhood (or census tract), i.e. divide the total number of a select characteristic in the city by the number of neighborhoods (census tracts).
d) Identify those neighborhoods above or below the average. Depending upon need/purpose and numbers involved, it may be desirable to set up a range or scale of variances above and/or below the average.

Step 4 Apply results of worksheets (identification of neighborhoods with certain characteristics as relates to the city's average size) on map and/or transparencies.

Step 5 Repeat process for each census data characteristic desired for comparison, i.e. other characteristics of the elderly as well as general population. (It may be desirable to develop similar worksheets for other relevant jurisdictions, e.g. county, state, regional, township, and national averages).

Step 6 Prepare overlays/transparencies for other locally identified characteristics, e.g., location of existing key support service facilities in the neighborhood such as senior centers, hospitals or clinics, shopping areas, recreational facilities, and/or transportation routes.

Step 7 Prepare overlays/transparencies for other factors which may be useful in local planning and implementation of alternative housing strategies to assist the elderly, e.g., political divisions such as councilmanic districts, county, school, and other relevant jurisdictions and planning districts.



bridgeport census tracts

The Housing Unit: Assessing Its Suitability

As previously discussed, there are a number of factors which may contribute to the present housing unit of the elderly not being suitable for their current needs. Nationwide, the elderly tend to live in much older homes, 40% live in housing built prior to 1939.[9]

Table 4.7: Percentages of Population Living in Housing with Physical Deficiencies

	ELDERLY	NON-ELDERLY
TOTAL	11.5%	7.6%
Owners w/mortgage	6.5%	3.1%
Owners w/o mortgage	10.1%	7.9%
Renters	17.2%	13.2%

Source: Struyk, R. and Turner, M., "Changes in the Housing Situation of the Elderly: 1974-79", The Urban Institute, Washington, D.C., December, 1982.

Many of these older homes may need basic repairs to provide a safe and decent environment. Many of these homes are too large and energy inefficient, and are expensive to heat and cool.

For many older women living alone, maintaining the upkeep and needed repairs is particularly difficult. In addition to limited mechanical (plumbing, electrical, carpentry) skills necessary for maintenance, many older women also have limited income and functional impairments which may further restrict their ability to maintain their home.

This section will discuss various approaches to assessing the housing unit of older persons in terms of indicators of its suitability. Such indicators are based on physical inadequacies of the housing unit. In addition to the excessive costs issue, housing units currently occupied by an elderly individual are generally judged to be "inadequate," when they are not providing a decent, safe, and sanitary environment.

Table 4.8 lists several dimensions of housing needs of the elderly, including physically inadequate housing, housing containing physical barriers, very small housing unit, and housing not weather resistant. Each of these dimensions is accompanied by a number of indicators or variables to measure it.

It should be noted, however, that several of these dimensions would not be considered housing needs were it not for functional limitations of the older occupant. For example, a very small unit, such as an efficiency, would not be a problem unless the older person required the continuous provision of some essential support service, such as home health care requiring equipment or space not available in the unit.

This listing of indicators is derived from an examination of current literature, including the 21 measures of physically inadequate housing developed by HUD.

While these housing needs were chosen to be representative of key concerns of the elderly's housing situation in most cities, it is not assumed to be all inclusive or applicable to all cities. It is anticipated that a number of cities may choose to modify this listing to better reflect local conditions, e.g. a flood plain or other significant factor affecting the ability of an older person to remain in their present home.

Data Sources, Method of Calculation and Limitations

As previously discussed, depending upon the size of the city and the availability of appropriate census data, assessing the suitability of current housing units for the elderly would be more accurate using neighborhood and/or census tract data in conjunction with local surveys.

However, the approach described in this section assumes that the conducting of a methodologically sound local survey is not feasible for most cities. Therefore, this approach proposes the use of census data as the source to provide approximations of local needs based upon the available data aggregated to the city, state, regional or national level

Not all of the measures listed in Table 4.8 are available at a geographical level of aggregation as small as a city. (See Appendix J for a listing of the various data for each of these identified measures of deficiencies). The primary source for much of the enumerated need indicators is the Annual Housing Survey (AHS) which is available only for a limited number of metropolitan communities and only on a citywide basis.

While census tract data would be the most useful in analyzing select characteristics of the elderly in the city (as well as neighborhoods), there are limitations on the number of dimensions of needs provided at the census tract level.

Similarly, there is limited census tract data upon which to measure/assess social needs, with the exception of such indicators as rate of poverty and living alone.

The definition of age may also be a matter of concern since much of the approach outlined in the guidebook uses age 65 and older or 60 and older. Yet, many government programs which potentially may benefit the elderly set eligibility at 62. Therefore, adjustments will need to be made to prevent too large or too small estimates.

The limitations of making estimates based on extrapolations from regional and national data must also be recognized. In many cases the assumption of "sameness" in proportional distribution of a given characteristic within the region and nation are simply not realistic and/or accurate.

For instance, the state, regional or national averages for owner and renters or an indicator of a specific physical deficiency may have little resemblance to any particular city in that state or region.

Faced with this situation, cities essentially have two options: either conduct their own survey, or somehow modify the information that is available to reflect, as closely as possible, the status of that city.

In some instances, a city may choose to either modify data available on a similar-size city(ies) or to proportionally adjust data on a larger-size city with similar socioeconomic characteristics. For example, those cities which are not part of the Annual Housing Survey (see Table 3.1 for a listing), but identify other similar size/characteristics city included in the survey, may find this a more useful approach.

Another approach, cited earlier and one that has been relied upon in the past by cities to fulfill federal program requirements, such as the Housing Assistance Plan (HAP), is to use "proxy" measures to substitute for the item that they would like to measure directly but for which no data is available. For example, instead of adjusting regional-level data on a wide range of measures of physical deficiency, a city may choose instead to use measures such as "age of housing stock," or "value of housing unit."

And still in other cases, there may be a need to further modify the approach outlined in this guidebook and adopt

another approach which best uses the various data available to the city.

For instance, if census tract data is available, it may be used to identify those areas in the city with high concentrations of elderly, particularly low-income, the "older" elderly (those 75 or 85 plus who may be more likely to have a functional impairment), and/or those living alone. Then this information can be used in conjunction with data extrapolated from larger aggregated areas to provide estimates of proportions of physical deficiencies in the city.

In applying the approach identified in this section, common sense must prevail on which data source and approach is more practical and realistic in providing usable data for estimating the suitability of the housing unit occupied by older persons.

With recognition of the limitations and caution in using this approach, it still provides some relevant indications of need. Furthermore, it provides a reasonable alternative to no available data or contracting for expensive locally generated data.

Table: 4.8: Dimensions and Measures of Housing Needs of the Elderly:

Dimension of Need

I. Physical Inadequate Housing. Decent, safe, and sanitary unit; Feasibility of home care; Feasibility of dwelling modifications

Measures

1. Lacks complete or private plumbing
2. Lacks complete or private kitchen
3. Basement shows signs of leaks
4. Leaking roof
5. Open cracks or holes in walls or ceilings
6. Holes in floor
7. Signs of rats or mice in building in last 90 days
8. Broken plaster or peeling paint over 1 square foot
9. No light fixtures in common halls of multi-family building
10. Light fixtures in common halls not working
11. Hazardous steps on common stairways in multi-family building
12. Stair railings not firmly attached
13. No elevator in building with 4 or more stories
14. Every room does not have working electrical wall outlets
15. Fuses blew 3 or more times in last 90 days
16. Wiring in house in not concealed
17. Unit lacks electricity
18. Toilet has broken down 3 or more times in last 90 days
19. No public sewer, septic tank or cesspool
20. Main heating equipment is either room heater without vent or flue burning gas, oil, or kerosene or no heating equipment
21. 3 or more heating equipment breakdowns of 6 or more hours last winter

II. Housing Contains Physical Barriers. May need assistance to live independently; Special dwelling unit modifications may be required

1. Multi-unit structure without elevator
2. Loosed steps
3. Loose or missing railings
4. Household needs, and does not have, the following special equipment in the housing unit:
   a. extra hand rails or grab bars
   b. handicapped-equipped sinks and faucets
   c. handicapped-equipped wall switches
   d. specially equipped telephone
   e. ramps or lifts within housing unit
   f. extra wide doors or hallways
   g. wheelchair-equipped bathroom
   h. flashing lights
   i. raised lettering or braile
   j. push bars on doors
   k. other features

III. Very Small Housing Unit. Feasibility of home care

1. Unit has only 1 room (efficiency)
2. Actual square footage of housing unit

IV. Housing Unit Not Weather Resistant. Threat to health and safety: Feasibility of rehabilitation or other dwelling unit upgrading

1. Leaking roof
2. Missing storm windows
3. Lacking attic or roof insulation
4. Construction materials not weather resistant (particularly in cold climates)

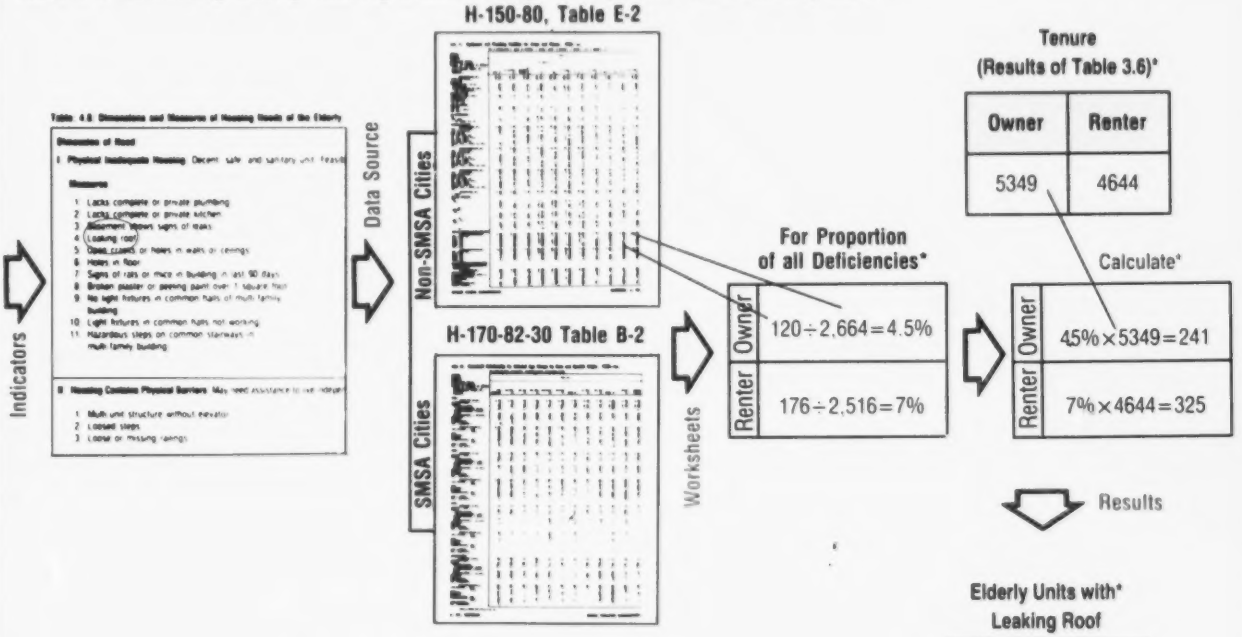
Extrapolating Available Census Data to Estimate Local Housing Needs of the Elderly

The approach outlined in this section for estimating physical deficiencies of housing units occupied by persons aged 65 and older is fairly straightforward. Essentially, there are five steps:

Step 1 Determine which indicators of physical deficiencies are realistic for local estimates of housing stock. (See Table 4.8 and Appendix J, for a listing of dimensions of need). Example provided in Table 4.9 is an estimate of housing units in Santa Barbara with leaking roofs.

Step 2 Identify Data Source (see Appendix J) recommended

Table 4.9: Estimating Elderly Housing Needs Through Extrapolated from Existing Data



Step 1—Identify Indicators of Physical Deficiencies

Determine from Table 4.8 which measures of housing deficiencies are needed. Example is for units with leaking roofs in Santa Barbara.

Step 2—Identify Data Sources

Determine from Appendix J which source of data is most appropriate. For Santa Barbara (a non-SMSA city) it is H-150-80, Table E-2.

Step 3—Develop Worksheets

Identify and transfer relevant data to worksheets; A) for determining proportion of a particular deficiency (roof) by tenure; and B) elderly housing units by tenure (results of Table 3.6).

Step 4—Calculate Ratio of Units with Deficiency

For example, divide units with leaks (120 owned,* 176 rented) by total units in area (2,664-owned, 2,516 rented).

Step 5—Calculate the Number of Units with the Deficiency Occupied by the Elderly

Apply the ratio (step 4) to the number of elderly occupied units (Table 3.6). For example, for owned: 4.5% times 5,349 units equals 241 units; for renters: 7% times 4,644 units equals 325 units.

*Figures Listed by Thousands

for measuring deficiency (column two), in some cases more than one source is listed. In determining which source is most appropriate, check both geographic area (column three), and unit of analysis (column four).

Step 3 Develop a worksheet(s) by selecting those relevant data from the data source; (in most cases, it will be easy to determine some of the information *not* provided by simply subtracting or dividing with the data which *is* provided);

Step 4 Determine the *ratio* of homes with a particular deficiency compared to the total number of housing units in the geographic area provided;

Step 5 Calculate the number (and/or percentage) of estimated housing units occupied by an older person (head of household and living with another, as calculated in Table 3.6) likely to have deficiencies (multiply the ratio times the elderly housing units)

The result is an estimate of the number of units (and/or) percentage of housing units in the city in which an elderly persons lives (owners and renters) that are likely to have that specific deficiency. This assumes that the distribution/ratio of homes occupied by the elderly reflects the community at large.

See Appendix K for several examples of the calculation process for assessing physical deficiencies, including differences based on data sources.

Depending upon need, it is not necessary to calculate each deficiency to assess the physical qualities of the housing unit. Some indicators may be more meaningful than others. At the same time not all data sources will be available for every city, and in some instances, locally generated data may be more realistic than the use of data aggregated to a larger geographical area.

The experience of the city of Wheeling in calculating the various indicators of physical deficiencies may be beneficial to others in using this approach.

The Wheeling Experience: Straightforward and Useful When the Data Source is Available

In recent years, the City of Wheeling has experienced a growing concern for the problems of its elderly citizens. The general population of Wheeling has steadily declined from 53,400 in 1960 to 43,070 in 1980, representing a decrease of 19%. In contrast, the number of persons 65 or older increased 7% to 7,632 in 1980. The 1980 Census data reveals that 17.7% of the total population is over 65 years of age. Wheeling, like many other cities has been hampered in its efforts to address elderly housing needs by, among other things, lack of basic data on the housing status of the elderly. The City of Wheeling in addressing the lack of data used the method of extrapolating existing secondary census data (aggregated to larger areas) to estimate local needs.

For instance, the City used the method as described in this guidebook to estimate physical deficiencies. While the City's experience with the method was relatively easy and straightforward, a few of the published data sources cited were not available or the City believed that available sources were not applicable to their local situation.

Nonetheless, the methodology described proved useful in generating estimates of physical deficiencies which otherwise would require more extensive and expensive efforts to determine.

Process

Recognizing that many of the measures of deficiencies identified in the process are not obtainable from any local source of published information or are available only on a large geographic basis, the City of Wheeling completed the process for quantifying the elderly housing needs with one overriding concern in mind—the usefulness and/or validity of the calculations required a constant understanding of the limitations of the data. The end result, nevertheless, is information which can be utilized as a starting point to assist in the development of an active elderly housing program.

The actual process involved two basic steps:

Step I work through a set of calculations to arrive at an approximation of the number of elderly persons residing in the City in both owner-occupied and renter-occupied housing units, (as explained in Table 3.6). This estimate of housing units containing an elderly person becomes key to all subsequent calculations.

Step 2 apply the results of these calculations to a range of "indicators of need" for elderly which were determined to be applicable (as explained in Table 4.9).

For Wheeling, the process involved approximately 40 data items or "indicators of need". This data came from basically four sources: The Bureau of Census for Housing and Population Characteristics; Department of Energy/Energy Information Administration; Annual Uniform Crime Report for West Virginia; and the Annual Housing Survey.

Of the suggested indicators of need (Table 4.8), 10 could not be derived for Wheeling due a lack of reasonable data. In most cases, this was due to the lack of an Annual Housing Survey for the Wheeling SMSA. Therefore, data was generated for the other basic data items or "indicators of need" using data targeted for the City of Wheeling. The remainder came from either regional or national figures.

For Wheeling, the lowest geographic level of data available was, in 17 instances, the Annual Housing Survey (national) for the North Central Region. While Wheeling, is actually located in the extreme northern part of the Southern Region as designated by the Bureau of Census, the City did not believe that conditions identified for the Southern Region, which included the rural areas of the Southern states, represented the conditions in Wheeling. Therefore, the data aggregated for the North Central Region would be more representative for Wheeling and would more than likely reduce the distortion factor.

Conclusion

While the process is relatively easy to work through and source material is, for the most part, readily obtainable, judgement must be exercised in some communities in extrapolating available secondary regional and national data.

The usefulness and/or validity of the calculation requires a constant understanding of the limitations of the data. Strict reliance on the results as indicators of need for the elderly would be hazardous. However, with an understanding of these limitations in mind, the process could be utilized as a basis, or starting point for developing an active elderly housing program. Strict reliance on the results as indicators of need for the elderly would be hazardous.

With financial resources becoming more and more limited, it is very apparent that needs must be addressed on a priority basis. Therefore, cities must develop their strategies with the most reliable data possible. As a foundation upon which Wheeling could build a data set of needs for the elderly, the process is valuable.

See Appendix L for examples of calculations and worksheets developed by the City to indicate the numbers and percentages of the various deficiencies by tenure, owner/renter.

V. Expanding Choices In Living Arrangements

In many respects, the responsibility for meeting elderly housing needs has shifted to local jurisdictions. As a result, Mayors and other city officials will play an increasingly more important role in the development of policies and in the planning that will be required if we are to provide appropriate, well-designed housing programs for the elderly. It is critical that we look at alternatives to the traditional kinds of living arrangements in order to expand the range of options that are available to the older population.

Leo E. Baldwin
American Association of Retired Persons

In recent years, there has been an increased awareness of the need to expand the choices in housing and living arrangements available for the elderly. Of particular note has been the interest in developing various types of alternative housing such as congregate living, accessory apartments, home equity conversion, life care facilities and others.

Many of these "innovative" living arrangements have been in existence in some communities for years, yet they are being "re-discovered," or re-classified as alternative approaches to addressing critical housing needs of the elderly.

Many of these "alternatives" differ greatly from each other and often focus on solutions to distinct housing problems of the elderly, such as costs or the need for support services. However, each shares a commonality in being part of a spectrum of continuum of care in housing options being developed as alternatives to institutional housing, i.e., nursing home.

Most of these alternatives fall in between independent and dependent living. Seeking to identify effective and efficient community based alternative housing is a goal common to the elderly, their family and friends as it is to many local officials and community leaders in the fields of housing and community development, health and support care, and aging. Among the actors involved in seeking to develop alternative housing programs and policies to enhance independence living are:

- **elected officials** who share a concern for effective and efficient public responses to priority needs of older constituents, including housing and health care needs, as well as concerns for public costs and adjusting their communities to increasing numbers of older residents;
- **advocates for the elderly** who share a concern that more humane community based living arrangements become available for the elderly that are safe, affordable and suitable housing and facilitate the preferences of most elderly to "age in place";
- **housing administrators** who share concerns for their present aging tenants, particularly those who may be considered "at risk" of being evicted from their current living arrangements due to chronic functional impairments;
- **community planners** who share concerns for present and future demographic projections, particularly about local impact of the rapid growth of the more frail and vulnerable elderly, often those 85 years of age and older who will have a need for more support services;
- **health care professionals** who share concerns for rapidly escalating health costs, and look to community based health care as an alternative to costly and often inappropriate institutionalization;
- **community and neighborhood leaders** concerned about the impact and changing needs of neighborhoods because of increased numbers and high concentrations of older persons, including support services, business, and their ability to maintain their homes.

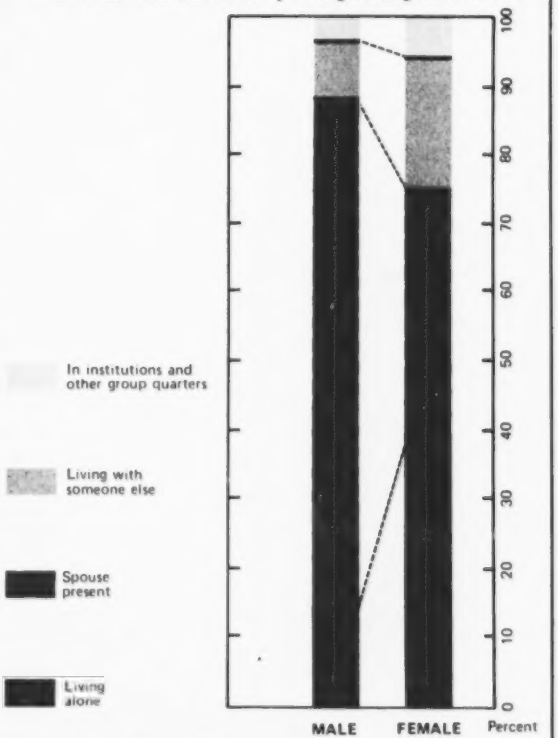
Clearly, there is a growing recognition of the need to develop effective alternative living arrangements to "fill the gap" between independent living and dependent living for those elderly who have need of some assistance, but who do not require institutional care. Alternative housing offers a range of semi-independent living options for those elderly.

Need For Alternative Housing

From a community planning perspective, there are a number of interdisciplinary concerns that may be addressed by the development of a range of alternative housing arrangements for the elderly. These include:

- **population projections** While population trends indicate that the aging population is rapidly increasing, of greatest concern to many planners and policy makers is the segment of the older population aged 75 and/or 85 years and older. This segment of the older population most likely to have some chronic functional impairment requiring support services is expected to more than triple by the year 2035.[1] The impact on future housing needs may be greatest for older women who generally live longer and are most likely to be living alone.

Table 5.1: Distribution of the Male and Female Populations 65 Years Old and Over by Living Arrangements: 1981



Source: Bureau of the Census, Demographic and Socioeconomic Aspects of Aging in the United States, Special Studies Series P-23, No. 138, p. 87.

- **costs** Rapidly escalating health care costs affect not only the older person but the taxpayer as well in terms of public costs for institutionalized long term care. Hearings of the U. S. House of Representatives Subcommittee on Health and Long Term Care showed that there are currently 1.3 million older Americans residing in nursing homes at an cost of about $30 billion public funds annually. Yet, it is estimated that between 20 to 40 percent of these older persons could live in the community if safe housing and support services were available. Based on population projections, estimates are that over the next decade there will be a need for 300,000 additional nursing home beds at an estimated cost of between $5 and $6 billion.[2]
- **older tenants in public housing** There are currently 1.5 million senior citizens now residing in HUD supported housing nationwide.[3] Many of these older residents have lived in public housing facilities on average for 13 years. Many are now reaching an age where chronic and functional impairments are making it difficult for them to remain in their homes without assistance. As Senator John Heinz, Chairman of the Senate Special Committee on Aging stated, "Fully 40 percent of the elderly in public housing nationwide are over 75 years of age . . . As a result, many of those elderly housing projects are in danger of becoming nursing homes without services."[4] For many managers of elderly housing units, these older tenants are considered "at risk" to remain in the facility; yet there may be no suitable alternatives in the community.
- **housing shortage** At the present time, there are long waiting lists for available elderly housing. Cities responding to recent Conference of Mayors surveys indicated that they are experiencing better than 16 months waiting lists for assisted housing for the elderly, public and Section 8 certifcates; and 18 months for Section 202.[5] This represents a double edged sword in the sense that there is a shortage of adequate assisted housing for older people in some communities, while at the same time, many younger families are seeking to free up the larger homes in which many older persons are presently living.
- **home equity** There is a seeming contradiction in the fact that many older persons are struggling to exist on limited budget, and yet according to the U.S. Senate Special Committee on Aging, 12.5 million homes are owned by individuals 65 and over, 80 percent of these without an outstanding mortgage. It is estimated that between $100-600 billion is tied up in assets of elderly housing and that about one-fourth of all low income elderly homeowners could raise their incomes by drawing upon the equity in their homes.[6] However, while older people may have the potential asset of a mortgage-free home, they have limited access to this money; and therefore have limited cash flow.
- **neighborhood** Older persons tend to be stabilizing forces in their neighborhoods. On an average, older persons have lived in their homes for better than 18 years. During this time, the elderly as well as their neighborhood may have changed drastically. There is a need for both the elderly and their neighborhood to be compatible and mutually beneficial to each other. On the one hand, there is a need to ensure the provision of necessary and accessible services to older persons to help them remain active and contributing members of the community, while at the same time, some older homeowners may not be able to provide proper maintenance and repairs on their homes and may adversely impact the rest of the neighborhood.
- **desire for independent living** Studies show that most elderly desire to "age in place." However, functional impairments may require a level of support care at present available only through institutional care. Given the option of community based care, most older people would prefer to remain in their own homes and communities. How a community responds to this preference and develops suitable and affordable alternatives in the community to facilitate independent and semi-independent living for the elderly is in the interest of the older persons, their family and friends, as well as the general public.

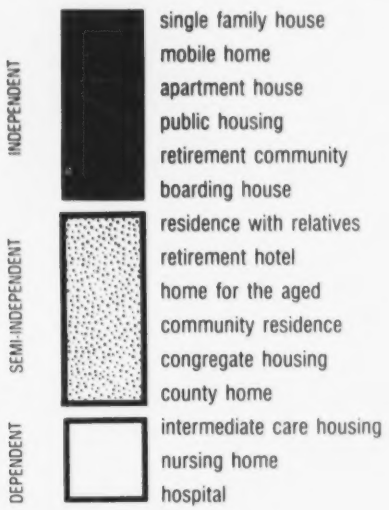
What are the Alternatives

While much has been written on various housing alternatives, there is no clear definition of just what constitutes alternative living arrangements for the elderly. Generally, they represent a range of semi-independent optional living arrangements that are targeted to fill the gap between independent living for older residents and dependent care, i.e. nursing homes.

There is also no consensus on either terminology used or a systematic approach in classification of alternatives. However, most of the alternatives are presented as part of a continuum of housing options, usually based upon the level of support services available as part of the living arrangement. For instance, the New England Non-Profit Housing Development Corporation has grouped a number of housing alternatives by the level of independent-dependent living arrangements.

Many listings of alternative housing such as that listed in table 5.2, classify the various types of alternative housing as a *place* where an older person resides. There are other categories of housing alternatives which include both types of residence, as well as *types of programs or services* which address a certain housing problem and thus enable older persons to remain in their home as an alternative to moving. For instance, programs such as home equity conversion or home repair/renovation may address affordability or suitability housing needs. See Table 5.3 for more expanded listing.

Table 5.2: Select Housing Options by Level of Dependence



Source: A Guide to the Design and Development of Housing for the Elderly, New England Non-Profit Housing Development Corporation, 1978, p. 44.

Furthermore, as discussed in the previous chapters, assessing and responding to housing needs of the older person includes approaches to address such housing needs as:

- **Costs**—reducing expenses and/or increasing income
- **Support Services**—assistance needed often due to a chronic impairment
- **Physical Unit**—improvements and/or changes to the housing unit to make it more suitable, safe and decent.

Table 5.3: Select Housing Approaches

	Primary Problem Areas Dealt With:		
Approach	**Physical Unit**	**Cost**	**Support Services**
Accessory Apartments	X	X	X
Adult Day Care			X
Congregate Housing	X		X
Cooperative Housing	X	X	X
Crime Prevention			X
Dwelling Unit Modifications	X		
Foster Care			X
Granny Flats/ECHO Housing	X	X	X
Home Aide			X
Home Delivered Meals			X
Home Health Assistance			X
Homemaker Services			X
Housing Referral			X
Home Sharing/Matching	X	X	X
Rent Subsidies/ Development/Subsidies (e.g., Section 8; Section 202)	X	X	
Residential Repair/ Renovation	X		
Respite Care			X
Reverse Annuity Mortgages		X	
Shopping Assistance			X
Single Room Occupancy Housing	X	X	X
Tax Relief		X	
Temporary Shelter/ Emergency Housing	X		X
Weatherization	X	X	

Selected Alternative Housing Arrangements for Elderly

There are a number of types of alternative housing options; in some instances, essentially the same alternative may have a variety of names. For instance, a "granny flat" may also be known as ECHO housing, and/or mother-in-law homes.

Some of the more commonly known alternative housing options are briefly described. See Appendix A for references for further information on many of these options.

Accessory Apartments

These housing arrangements are designed as independent living units with kitchens contained *within* a single-family home. Generally, these apartments represent underused housing resources, and may provide additional income for homeowners facing rising costs for heat, taxes, maintentance and other living expenses. Apartment tenants can provide not only rental income, but also personal services to older homeowners in return for lower rent. Tenants can be a source of companionship and security from fear of criminal intrusion and personal accident. Buyers of new and/or existing homes may also find that the installation of an accessory apartment offers them a means of meeting payments on high interest loans.

Accessory apartments may be an appropriate housing option either for the older homeowner who needs additional income and has a large enough home to allow the conversion of space into a separate apartment or for the older person who needs to live closer to family but does not wish to become dependent.

Board and Care Homes

Board and care homes are known by many different names, they may be termed group homes, adult foster care, congregate living, domicilary care, etc. A board and care facility is any resident facility that provides protective oversight and is not licensed as a nursing home.

Board and care housing is an expanding type of residential care home. There are about 30,000 such homes in the United States. The great majority of these serve aged persons, who receive public assistance, often Supplemental Security Income (SSI or SSDI), and Medicaid or Medicare. A number of states have a special SSI supplement for residents in board and care homes who qualify for SSI.

Board and care homes are distinguished from boarding homes because they provide protective oversight or special care to residents. Responsibilities for licensing these homes and overseeing the care provided in them, rests with state and local governments. However, federal law (Section 1616 (e) of the Social Security Act) requires that states develop and enforce standards for board and care homes in which a significant number of SSI residents are believed to reside.

Most board and care homes are small, individually operated, private businesses with ten or fewer residents who typically pay a monthly fee ranging from $200 to $l,000. Because these homes are less expensive than nursing homes and provide a more home-like care for many aged persons, the use of this type of facility is expected to rise significantly in the future.

Congregate Housing

Congregate housing is a housing arrangement which provides support services as part of the housing. Most congregate housing programs include at least one meal per day. Other typical support services include chore services, transportation, recreation, education, and counseling. The facility may range from a few units to large complexes of one hundred or more units. There may also be select congregate units within essentially an independent living housing facility. There are a wide range of administrative approaches to congregate housing. Usually, the housing facility is operated by a proprietary or non-profit agency. The rents range from a few hundred to over $l,000 per month.

The federal government began a pilot program for congregate housing in the mid 60s through a joint effort of HUD and HEW (now the Department of Health and Human Services). The Congregate Housing Services Act of l978 established a five year national demonstration program which authorized HUD to award to public housing authorities and Section 202 housing sponsors funds to provide nutritional meals and support services for their tenants. The program is designed to serve those elderly who are at a high risk of institutionalization and are no longer able to live alone. By the end of l983, there were 62 congregate housing services program serving over 2,000 older residents.[7]

ECHO Housing/Granny Flats

ECHO or granny flats are small, self contained, removable housing units that are installed adjacent to existing single family homes. They are generally occupied by one or two elders on the relative's home site or by one or two relatives on the elder's home site. ECHO is the acronym for "Elder Cottage Housing Opportunity." These types of housing alternatives are an adaptation of a housing concept known as granny flats in Australia and/or similar to early "mother-in-law" houses. In California, they are referred to in the State enabling legislation as "second units."

These homes can take any number of forms from panel construction to mobile homes. This alternative provides an option to meet housing needs of older family members without altering the primary house or adversely affecting the neighborhood. It also allows families to provide support for older people while allowing the older person to retain his/her independence. ECHO housing encourages day-to-day support that benefits both households yet permits the separate households to share meal preparation, shopping, household chores, transportation, and other daily activities. The proximity of the families should result in each feeling more secure about property and personal safety, and less vulnerable in the event of an emergency.

ECHO units can also form elderly housing cluster arrangements on small tracts of land and be leased out by non-profit corporations, local housing authorities, or private investors. These clusters can be interspersed in residential areas as infill housing, integrating the elderly into the larger community, or the units can be located adjacent to a health care facility to provide easy access to the elderly at various stages of need.

Home Equity Conversion

Home equity conversion is a term that covers a number of financial arrangements which allow older homeowners to convert the equity value of their homes into income without having to move or repay the loan from monthly income. There are a number of approaches to home equity conversion, the major types include:

- **Reverse Annuity Mortgage** (RAM) is essentially the opposite of a conventional mortgage loan. The loan is paid to the homeowner in monthly payments with the amount determined by the amount of home equity borrowed against, the interest rate and the length of the loan. The loan is repaid at a scheduled time or, under some arrangements, whenever the homeowner chooses usually by selling the house. A RAM does not necessarily offer a guarantee income for the remainder of the borrower's life.
- **Sale/leaseback** can be structured in a number of ways, usually with an investor purchasing the elderly seller's home and granting the seller life tenancy in the home or the right to a more limited tenancy at a specified rental payment.
- **Split equity** is a home equity conversion program involving co-ownership. Equity in the property is usually held jointly by the homeowner and a publicly sponsored corporation. The homeowner is guaranteed a lifetime tenancy status in the property, while the public body becomes the owner of a remainder interest. The homeowner retains title to the house until death.
- **Deferred payment** loan is a method by which elderly homeowners can draw upon home equity to secure the means to maintain and repair their dwellings, thereby preventing a decline in property value. These loans permit rehabilitation and repairs and also permit homeowners to defer payment of all principal and interest either for a specified term or until the house is sold.
- **Property Tax Deferral** allows elderly homeowners to request the state in which they reside to pay the property

taxes they owe their local governments. These annual payments would accrue with interest as a loan from the state to the homeowner, secured by equity in the home. The interest rate charged on deferred tax liabilities would cover the cost of state borrowing, administrative expenses, and a loss reserve fund upon the death of the homeowner or prior sale of the home. The total loan would be repaid to the state from the proceeds of the estate or sale. It guarantees that older homeowners will not be forced out of their homes due to an inability to pay property taxes.

Life Care Facilities

Life-care facilities are specifically designed residences for older persons which provide a wide range of health and support service care including personal nursing care. Residents of these types of facilities are generally capable of independent living upon entering and expect to be able to remain in this community through the various levels of physical care and need that may arise during the remainder of their life.

The types of shelter, services and activities offered may vary from one community to another but there are several common denominators: an entrance/endowment fee, monthly living charges, central dining facility, a range of on-site health services, and the assurance of a lifetime of care should residents become physically incapacitated. The distinctive characteristic of life care facilities is the provision of health care within a community based health facility, enabling the resident to receive needed medical care without leaving the supportive environment.

Retirement Communities

While retirement communities vary greatly, they can basically be defined as small, self-contained complexes that provide at least minimal services to residents. These communities may range in size from an entire town or subdivision to a high-rise apartment building. Retirement communities are generally designed to meet a wide-range of interest on the part of residents and tend to offer a varying amount of personal care. The majority of retirement communities are composed of apartment units, with 15 percent made up of mobile home communities and less than two percent single family dwelling.

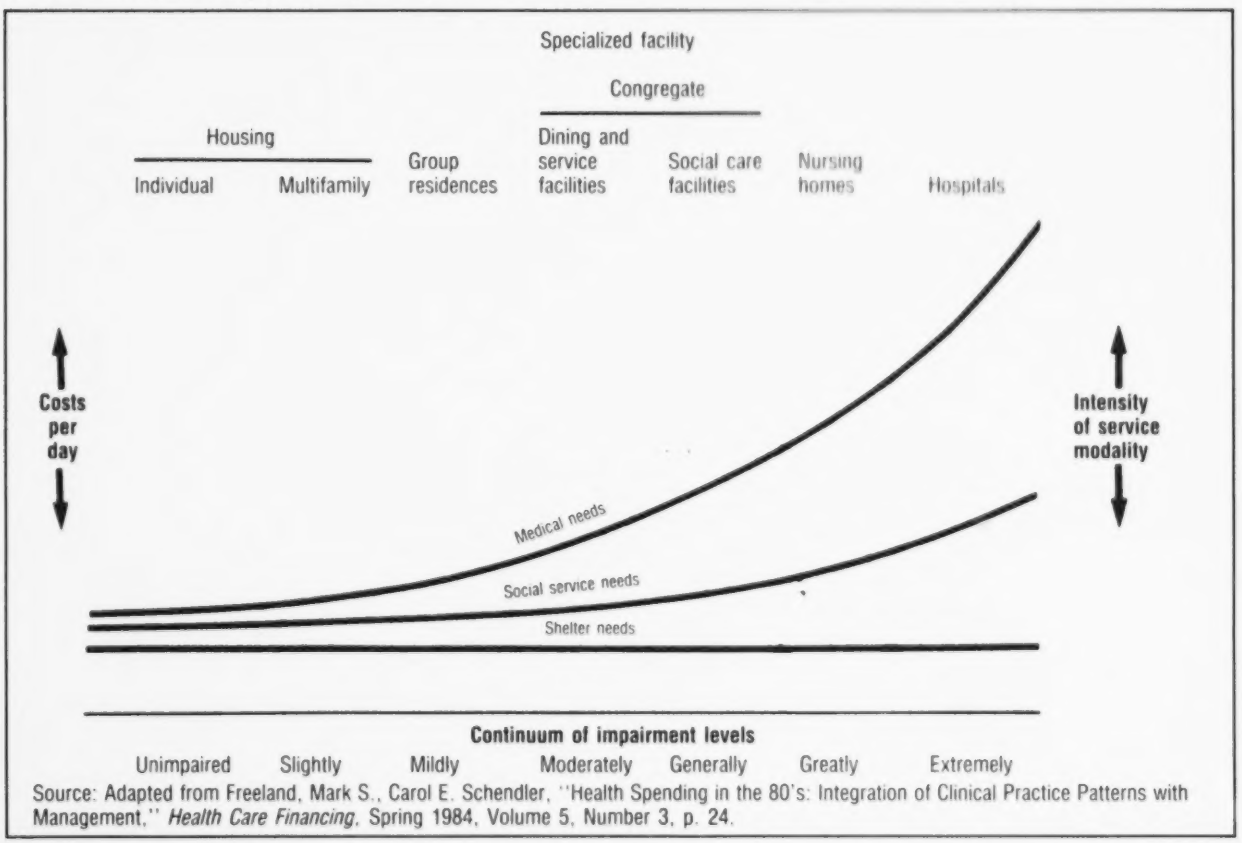
Retirement communities may also include continuing care centers. These communities are typically about 500 residents in size and are often sponsored by non-profit organizations. These complexes include houses, apartments, and a nursing home. The supportive environment lends itself to long-terms stays similar to life care facilities.

Shared Housing

This approach to alternative housing is, as the name implies, a situation in which two or more unrelated individuals share a dwelling with each having his/her own private space while sharing other common living areas. Residents may be all older persons or intergenerational. The arrangement may or may not include the hiring of a manager, cook or other supportive help.

It is estimated that there are currently, over one-half million

Table 5.4: Continuum of Types of Living Arrangements



Source: Adapted from Freeland, Mark S., Carol E. Schendler, "Health Spending in the 80's: Integration of Clinical Practice Patterns with Management," *Health Care Financing*, Spring 1984, Volume 5, Number 3, p. 24.

older people living in shared homes and apartments. Such arrangements can provide companionship, security, financial benefits and service exchange. "Homeseekers" or those looking for shelter may either pay monthly rent or provide specified services in the home in exchange for rent. For the homeowner such a situation may provide supplemental income to meet rising expenses or the provision of services otherwise difficult to obtain.

There are two basic types of shared housing:

- **match-up**—designed to match homeowners and tenants based on preferences and needs identified through interviews;
- **group residences**—involving a number of elderly people who live together as one household. Generally in this type of shared housing, no one individual owns or rents the house but rather it is leased or purchased by an organization to accommodate four or more in a family type setting. Many group homes have an employee who prepares meals, does housekeeping and various other services.

Table 5.5: Advantages and Disadvantages of Selected Alternative Housing Options

Type	Advantages	Disadvantages
Accessory Apartments	• provide additional income for elderly homeowners • companionship and security • increase supply of affordable rental housing • personal support services may be provided in lieu of rent	• initial construction cost to homeowners • neighborhood concern about lowered property values • zoning restraints • possible housing and building code violations
Board and Care Homes	• home-like environment • afford fragile, isolated elderly opportunity to interact with others • economical	• not licensed, concerned with standards and treatment of residents • owner/operators often lack training • little planned social activities
Congregate Housing	• provides basic support services that can extend independent living • reduces social isolation • provides physical and emotional security	• tendency to overserve the needs of tenants; promoting dependency • expensive to build and operate • those without kitchen facilities restrict tenants independence • expensive for most elderly without subsidy
ECHO, Granny Flats	• facilitates older persons receiving support support from younger family members; • option to remain in individual home • smaller housing unit, less expensive to operate	• potential to lower property values • attitude and impact on neighborhood • concerns about housing and building code violations
Home Equity Conversion	• convert lifetime investment into usable income • allow elderly with marginal incomes to remain in familiar surroundings • can be used to finance housing expenses, ie: make necessary repairs, utilities, taxes	• risk that homeowner will live longer than term of loan • homes of lower value (often the type owned by elderly) may not provide monthly payments large enough to be worth cost of loan • inflation may erode the value of the loan over the years • reluctancy by homeowner to utilize due to lack of information, concern for lein on property and/or impact on estate for heirs.
Life Care Facilities	• offers pre-paid health care • security and protection against inflation and financially draining illnesses • wide range of social activities with health and support system	• too expensive for many elderly • no protection should the facility go out of business • older person receives no deed to property • no guarantees that monthly payments will not rise • location is usually rural, isolated from community services.
Shared Housing	• less expensive due to shared costs for household operators • companionship, security • promotes intergenerational cooperation and understanding • more extensive use of existing housing • program inexpensive to operate	• problems with selection of individual to share home • amount of privacy reduced • does not meet medical and personal problems • added income may mean owner is no longer eligible for public benefits • city zoning ordinances may prohibit

Source: Adapted from "*A Manual of Housing Alternatives for the Elderly, Vol. I,*" Rosalyn Katz, Ph.D Health and Welfare Planning Association for the City of Pittsburgh and "*Housing Choices for Older Homeowners,*" American Association of Retired Persons

Table 5.6: Housing Alternatives and Housing Levels

Type of Housing Alternative	Level of Housing: Independent	Semi-Independent	Dependent
Single Family Dwelling	X		
Regular Apartment Rental	X		
Condominium	X		
Cooperative*	X		
Home Equity Conversion**	X		
Home Maintenance and Repair	X	X	
Shared Housing	X	X	
Accessory Apartment	X	X	X
ECHO Housing	X	X	X
Life Care Community	X	X	X
Congregate Housing		X	
Personal Care Boarding Home			X

Legend:

* Has potential as semi-independent level if congregate dining is offered within the structure.

** Has potential as both semi-independent and dependent levels if converted equity is used to cover costs of in-come care services.

Independent
Living arrangements appropriate for individuals/couples capable of handling their own housekeeping, cooking and personal care. Included in this category are such dwellings as: single family homes, apts, condominiums, coops, etc.

Semi-Independent
Living arrangements which provide assistance for those who are not totally self-sufficient but capable of tending to their own personal care such as bathing and grooming. Included in this category are such dwellings as: congregate housing, ECHO housing, life care communities.

Dependent
Living arrangements which provide 24-hour personal/custodial care for more severely impaired individuals who do not need daily nursing or medical care. Included in this category are such facilities as foster homes, personal care boarding homes.

Source: A Manual of Housing Alternatives for the Elderly, Volume III, Need and Demand Projections, September, 1984, pgs. 151, 152, 155.

Which Alternative is Most Appropriate

As previously discussed, older people are no more homogeneous than any other age group and they have vast differences in personal preferences and needs. Therefore, the various alternative housing approaches attempt to expand the choices or options of living arrangements.

Recent studies indicate that the types of housing required by older persons are directly related to their level of functional impairment and need for services. Thus, as an individual's level of impairment increases, his or her need for housing with supportive services also increases.

Table 5.4 depicts the relationship between levels of functional impairment and types of living arrangements. As indicated, when service needs intensify, particularly medical service needs, the availability of more specialized living facilities becomes necessary. Persons with little or no impairment may require very little in the way of services and live independently in single or multi-family housing within the community. As impairments increase, however, reliance on the accessibility of others for assistance in meeting health and social service needs becomes greater.

Certain housing alternatives may therefore be more suitable than others based on level of functional impairment, personal preferences and resources. Because of different definitions and interpretations of functional needs and housing types, the City of Pittsburgh had developed as part of its comprehensive study on alternative housing for the elderly, a glossary of terms. See Table 5.6 for classification of alternatives.

Based on the relationship between levels of functional impairment and types of living arrangements there is a need for a continuum of types of living arrangements offering various levels of housing, medical and support services.

Because of the number of variables involved and the differences among the various housing options, it is crucial that adequate housing counseling be provided to advise older persons of their most appropriate/suitable living arrangement.

A number of local communities are beginning to provide housing counseling, for older residents, generally as part of a housing, senior center, health care and/or social services programs. Because the type of housing arrangement that may be most suitable can change very rapidly due to a sudden change in the older person's life, i.e. death of spouse, illness or accident, it is becoming more crucial that proper housing counseling be provided and that options in living arrangements be available in the community.

How to Inventory Present and Projected Alternative Housing

One of the first set of actions which a community may undertake as part of the development of a community housing plan for the elderly is to inventory housing programs and relevant support services which exist in the community.

There are a number of approaches that a community may take to inventory current housing programs. In Dayton, as part of a series of actions taken by the Mayor's Task Force on Alternative Housing to analyze existing problems with elderly housing, an inventory of current living arrangements for older persons was taken (see following chapter for additional information).

The inventory listed the various types of living arrangements existing in the city (metropolitan area) including independent living, subsidized housing, home matching, shared housing, congregate housing, living with relatives, foster care, sheltered group housing/boarding home, rest home/custodial care, nursing home and total living communities. An analysis was then

made of each to determine their current capacity (number of units), monthly costs and eligibility. (See Appendix O for inventory)

Santa Barbara: Inventory of Existing Housing Programs Benefitting the Elderly

As part of a comprehensive assessment of the elderly housing needs in Santa Barbara, the Mayor and City Council established a working committee to study and make recommendations to the City Council on existing and needed housing policies and programs.

The working committee consisted of five appointed individuals representing key agencies that are actively involved with policy development as well as programs on issues related to the housing needs of the city's elderly. These agencies inluded:

- City Planning Commission
- City Community Development Task Force (CDBG)
- Housing Authority
- Area Agency on Aging
- Community Resources Information Service Inc

Staffing for the Committee was provided by the City's Housing and Redevelopment Division of the Community Development Department. This is the city division that is most directly involved in the city's funded or operated housing programs targeted to the elderly including:

- The Home Rehabilitation Loan Program
- Share-A-Home
- Secondary Dwelling Unit Ordinance
- Mobile Home Rent Stabilization Ordinance; and
- Friendship Center

One of the first reports developed by the working committee was an inventory of over thirty programs which exist in the city of 75,000 (18% aged 65 and older). Each of the programs was categorized by their primary and/or secondary impact in three problem areas of elderly housing, i.e. physical unit, cost and support services.

Excerpt From Approach/Resources Inventory

	Primary (P) /Secondary (S) Problem Areas Dealt With		
Approach/Resource	**Physical Unit**	**Cost**	**Support Services**
Residential Repair/Renovation/Accessibility			
A. Housing Rehabilitation Loan Program (HRLP)	P	S	
B. Services Aimed at Independent Living (SAIL)	P	S	
"Granny Flats"/Accessory Apartments			
A. Secondary Dwelling Unit Program	P	S	
Rent Subsidies/Housing Development			
A. Housing Authority	P	P	
B. Multifamily Rental Housing Financing Program	P	P	
C. Housing Corporation of Santa Barbara	P	P	
D. Senior Center of Santa Barbara, Inc.	P	P	
E. Santa Barbara Community Housing Corporation	P	P	

Similarly, in Santa Barbara, an inventory of current housing programs was conducted by a special Working Committee or Task Force established by the Mayor and City Council.

A detailed fact sheet was prepared for each of these programs, outlining such items as approach, objectives, administration, area served, funding and eligibility.

Sample Fact Sheet

Approach:	**Home Sharing/Matching**
Program Title:	Share-A-Home
Program Location:	Santa Barbara, California
Program Administrator:	Community Resources Sevice Information 905 N. Milpas St. Santa Barbara, CA 93103 (805) 963-8958
Program Objective/Description:	Share-A-Home is a screening, matching and counseling service to assist people in locating shared living arrangements that are compatible to their needs. The Program goal is the creation of economic housing alternatives for senior citizens and disabled individuals. One participant in each match must be either 55 years or older or a person with a disability. Follow-up services are provided after the matches are arranged. A specialized program within this service is the Multi-Living Project. This project facilitates the development of group living.
Geographic Area Served:	City of Santa Barbara
Numbered Served and Eligibility:	Total cumulative participation for FY 83-84 was 376. Of these, 274 or 73% are of low to moderate income. Eligibility is based on age of 55 or older, or disabled. Attached as Exhibit A is a copy of the summary of service statistics and caseload characteristics for the fiscal year 1983-84.
Funding Sources and Amount:	City of Santa Barbara CDBG; Area Agency on Aging; donations; and, YMCA/Project Concern.

Equipped with this information, and other data being developed by the Task Force (additional descriptions in other parts of this guidebook), the Working Committee will be in a better position to identify and analyze the benefits and gaps in existing programs, to comply with federal and state requests to make recommendations to the City Council and to serve as a foundation for a strategy to address identified needs.

VI. Developing A Community Strategy For Elderly Housing

In a time of declining public resources, it is important that local communities establish a mechanism for bringing together the key actors in the community who can make decisions and commitments in defining a community agenda for resolving housing problems of our older citizens. In Dayton, a city with a tradition for citizen involvement, we established a task force representing "movers and shakers" from both the public and private sector who were successful in developing creative ways of using existing resources and in identifying creative use of government policies to develop needed housing options for the elderly.

The Honorable Paul Leonard
Mayor of Dayton

The purpose of this guidebook is to assist Mayors and local officials in developing a community plan to address the housing needs of older residents. Thus far, the guidebook has presented a *national* perspective on such issues and concerns as:

- current and projected increases in numbers and proportions of older Americans and their impact on local communities;
- special housing needs of the elderly, particularly those frail and living alone, as well as a consideration for the affordability and suitability of their present living arrangement;
- types of planning approaches and tools for assessing elderly housing needs, including levels of functional impairments, income and characteristics of the housing unit and neighborhood;
- types of secondary data, particularly census, which may be used for local planning and techniques for extrapolating state, regional or national data for local use;
- identification and comparison of various housing alternatives for the elderly, and options for expanding choices in living arrangements; and
- an awareness of the diversity among various public and private sectors involved in addressing elderly housing needs.

While for most older persons, current living conditions may be adequate, research shows that there are two basic conditions which are most likely to cause an adjustment in housing needs through either the addition of support services or though modification of existing housing:

- when the housing unit currently occupied by a household containing an elderly individual is judged to be "inadequate." This is generally defined as not providing a decent, safe, and sanitary environment and/or placing an excessive cost burden on its occupant(s); and
- when the characteristics of the residential environment are not responsive to the particular needs of the elderly person in the household.

In order to assess the housing needs of the elderly in a jurisdiction, it is necessary to: (1) measure the attributes of the housing, neighborhood, and community environment in which the elderly person lives to determine if these conditions are adequate; and (2) to measure the condition of elderly residents themselves in relation to the housing and housing-related services to determine if there is a good match between household characteristics and housing characteristics.

While a national perspective may be helpful in understanding the overall housing needs of the elderly, each of these basic issues and concerns must be translated from this national overview to practical and specific *local* application.

Each community must decide how best to proceed in developing its own housing strategy. The effectiveness of the approach and the techniques used in addressing the needs of a particular community is dependent upon local conditions and the purpose of the elderly housing strategy.

Responding to the Housing Needs of Older Persons

Essentially, the guidebook has thus far addressed various ways of identifying *what* elderly housing needs and/or problems are and *why* they may be a concern of local officials and the community, as well as older persons and their family. This section is going to focus on some of the *how* questions; i.e. how a community can respond to the housing needs of older persons. Among the basic concerns in the development of a local strategy may be:

- how to assist the older person in their efforts to remain self-reliant and independent in their own home and community;

- how to expand the choices in housing and living arrangements in the community so that suitable and affordable options exist;
- how to assist family, friends and neighbors who informally provide the vast majority of support services to the elderly, yet who due to aging may themselves be in need of assistance now or in the near future;
- how to ensure that the array of public and private agencies in the community that potentially may provide essential support services are available, accessible and effective;
- how to identify and/or initiate appropriate housing alternatives in the community to expand options in living arrangements for the elderly;
- how to promote community awareness and acceptance of new housing alternatives, policies and programs;
- how to assist local coordination and collaboration among the various levels of government, private agencies, organizations and actors integrally involved with addressing elderly housing needs; and/or
- how to develop political support for necessary changes in policies and programs.

Unfortunately, there is no ready made answer to these questions. There is no magic formula or recipe which provides the appropriate mix of housing options, i.e. how many units are needed for independent living compared with units of congregate housing, accessory apartments, granny flats, and/or nursing homes. Or how many units need to be build or rehabilitate for adaptive re-use for increasing numbers of older citizens; what is the appropriate mix of support services and how to facilitate coordination; and finally, what is the role and responsibility of the public and private sectors, as well as the older person and family.

A community needs to be mindful not only of the physical needs of older residents in assessing housing, but psychological and personal attitudes as well. For instance, a recent study[1] showed that despite the fact that many older persons are living in housing that is physically inadequate and/or with a high economic burden, they may not move for a number of reasons, including:

- they do not perceive any acceptable housing alternatives;
- they are unwilling to accept public housing or subsidy programs;
- they are fearful about moving to a new location;
- they lack knowledge about dealing in the housing market, or about transportation and/or financial resources to find and obtain better housing.

The effectiveness of the strategy and techniques used in addressing the housing needs of the elderly in a particular community is dependent upon local conditions. Each community will need to determine for itself which mix of housing and living arrangements is most responsive to their local needs. The City of Pittsburgh developed a projection for various housing alternatives by combining such factors as demographics of persons and households, personal preference, potential demand, current services with a resultant supply demand gap. See Table 6.3 for projections by type of alternative.

Each community will need to develop a strategy to assess need, determine policy options and implement necessary changes. Recognizing that each community is unique, this section will be descriptive, not prescriptive, in addressing strategies which may be considered in planning for elderly housing. In doing so, a community may want to reassess the effectiveness and efficiency of their present public and private policies and programs regarding elderly housing.

Furthermore, addressing elderly housing needs requires a multidisciplinary approach involving a number of actors from the public and private sectors. No one sector has the ability, authority or resources, to adequately address the issue. Changing policies and programs to expand the choices in suitable and affordable living arrangements for the elderly requires a collaborative community-wide effort.

While it is clear that this effort requires coordination and collaboration with the different levels of government and the private sector, this guidebook was written primarily for Mayors and city officials and will therefore, focus on the role of city governments. However, in reassessing current policies and programs, an important step includes a reassessment of the roles and responsibilities of the various public and private sectors involved. The actions of the city government need to be examined in the context of:

- What the elderly and their families can do
- What other levels of government can do
- What the private, business and corporate sector can do
- What the community can do

One effective part of a community strategy to address elderly housing needs may be to seek approaches to building public-private partnerships in a collaborative effort to bring about needed changes.

Changing Roles of Local Governments with Elderly Housing

City government involvement in addressing housing needs of the elderly has been changing over the past few years. This change has been due to a combination of factors including: the local impact of changing demographics and increased awareness of special housing and support service needs of older residents, coupled with cutbacks in federal and other public resources, changes in the housing market, and a reassessment of the roles and responsibilities of public and private sectors regarding housing and support services in the community.

One of the changes in local government involvement has been in the "re-discovering" of the use of local governing powers as an effective tool and policy option to address housing needs. SRI International has classified these governing powers, or governances,into six types, these are:

- **zoning, ordinances and other regulatory change**—zoning changes or waivers to permit accessory apartments or shared housing;
- **tax policy change**—tax incentives to encourage certain types or location of facilities, circuit breakers or property tax freezes;
- **administrative actions**—location of senior centers within senior hi-rises, or adjusting public transit routes to needs of older persons and/or increased police patrols in neighborhoods with high elderly residency.
- **public-private collaboration**—partnership with private developers or agencies to build or renovate elderly housing or provide space or support services for elderly residents;

- **public advocacy**—activities to increase community awareness of elderly housing needs, or to lobby within the city and other levels of government for changes in policies, programs or resources to assist the elderly;
- **promote self-help**—actions by city officials to establish neighborhood crime watch, peer-to-peer housing counseling, and home equity conversion programs.

Zoning as an Approach for Addressing Housing Needs of the Elderly

Increasingly, local officials are considering the use of zoning as a mechanism for addressing housing needs of the elderly. Zoning changes, or the provision of waivers or variances have been particularly useful in facilitating such housing options for the elderly as shared housing, echo or granny flats, and accessory apartments (see chapter V for a discussion on these and other alternatives).

A study[2] by the American Planning Association on local zoning and/or ordinances for the elderly outlined some of the arguments for and against zoning to assist the elderly. The study recognized difficulties experienced by many elderly in their current housing situations due to factors such as physical impairment, limited income, needs and access to support services and difficulties with maintaining repairs.

The APA study also recognized that there is general public sentiment to develop housing alternatives for the elderly to facilitate privacy and independence, and prevent unnecessary institutionalization.

Finally, the study recognized that many homeowners are "overhoused" by remaining in large homes in which they had raised families. This type of situation creates a twofold problem: 1) the house may be larger than the older person needs and can maintain; and 2) by the older person remaining in the house, it may contribute to a shortage of housing for younger families in the community.

The arguments in favor of zoning to address elderly housing needs included:

- Ordinances can authorize a range of housing alternatives, from accessory apartments to high-rise developments, designed to address the needs of different groups of elderly.
- Zoning ordinances affecting such modifications as density and/or parking requirements are necessary to help make such developments economically feasible. Without such modifications, developers will not build housing for the elderly.
- Many zoning ordinances which emphasize traditional single-family developments (restricting the number of unrelated individuals who share a single-family home, prohibiting installation of an additional unit in a traditional house or placement of a separate unit on a single-family lot) also preclude the development of congregate housing, accessory apartments and echo housing.

Arguments against zoning for the elderly include:

- The potential exclusionary impact of zoning for the elderly could be used as a tool to discourage young families from settling in a community (to avoid high costs of additional schools and recreational facilities).
- Elderly housing needs may not be significantly different from the rest of the population. Elderly people are not a generic group; their housing needs and preferences may differ based on a number of variables including age, health, income, class, and location. While many elderly do develop specialized medical, social and physical needs, particularly as they age, careful studies of the elderly in a particular city can indicate exactly what their needs are. A special ordinance narrowly tailored to meet those specific needs will avoid reliance on questionable generalizations.
- Because zoning ordinances for the elderly frequently authorize higher density, smaller units and fewer parking spaces, there is concern among some that they might result in lower property standards, i.e. reducing the value of houses. The concern of this argument is that units developed specifically for the elderly will be inadequate for future use by younger families or non-elderly populations.

In summary, this study found that "If ordinances are carefully developed with minimum standards and proper documentation of needs of elderly couples and individuals, there is no reason why the housing developed under those ordinances should not suffice for younger couples and individuals as well."

During the past few years, the Conference of Mayors has collaborated with the Administration on Aging, the National Association of Counties and SRI International in examining the use of local governances as a means of addressing priority needs of the elderly. A number of cities and counties[3] have been involved in efforts to demonstrate this approach as a policy option for local government officials. Each community was asked to consider effective ways of using their governing powers, i.e. ordinances, taxing, administrative action, etc. as a policy option to address their priority need. The issue of alternative housing for the elderly was identified as a priority need by several of the local communities, including the City of Dayton.

Policy Options for Elderly Housing

To develop an effective policy options strategy for elderly housing, it is necessary for both the public and private sectors in a community, to work together in a collaborative effort to bring their resources (state and local government, the financial and realty sector, neighborhood organizations and the aging network) to bear on the problem at hand.

The physical condition, design, cost, environment and location of an older persons home are all factors which affect their quality of life.

The quality and cost of shelter is determined by economic forces, government policies, and financial and real estate practices. Factors such as high interest rates, increasing maintenance and utility costs, a shortage of rental units, condominium conversions, and reduced government subsidies make housing a difficult issue for many elderly.

The issue of affordability has been addressed by many states and local governments by the provision of tax relief, by utilities through offering preferential rates, by banks making available reverse annuity mortgages and by some governments providing renters with needed legal protections.

To help with home maintenance, local governments may modify punitive tax and code policies. Private sector, community and aging groups can help through the development of elderly assistance efforts.

In response to pressures from the housing market, local governments may take legal and regulatory steps to control the rate of private development and protect the interests of elderly consumers.

To encourage the expansion of the supply of housing to meet the needs of the elderly, local governments can offer regula-

Dayton Experience: Mayor's Task Force on Housing Alternatives for the Elderly

In June 1983, Mayor Paul Leonard of Dayton appointed a broad based public-private Task Force on Housing Alternatives for the Elderly. The Task Force represented local government officials throughout the county, representatives of the business sector, the news media, unions, neighborhoods, hospitals, nursing homes, older adults, and professionals in the areas of aging, mental health, mental retardation, housing, social services and fire protection.

The Task Force was established to address the need for housing options to bridge the gap between independent living and nursing home care. Its mission was "to develop, negotiate and implement a strategy of policy options which addressed the need for an increased number and wider range of housing alternatives for the elderly of Montgomery County. These housing alternatives should be affordable and safe and maximize independence."

The Task Force was co-chaired by a retired chief executive officer of a major corporation in the city, and a retired supervisor of the public school system and chairman of the Council on Aging. The Mayor was very active in providing leadership throughout the project. The Task Force was jointly staffed by the Area Agency on Aging, key human services planning agencies in the community, and directed by the City's Administrator for Community Affairs.

Defining the Problem

In addressing the need for housing alternatives, the Task Force was responding to an identified problem in the city. It had been documented that Montgomery County, as the nation as a whole, was facing a dramatic increase in the number of residents 65 years of age and older.

Further, older persons are not only living longer but they are less likely to have family members to live with when age or illness makes assistance with the activities of daily living necessary. The pattern of the extended family living together had been replaced.

The Task Force also responded to the fact that in looking for some assistance, those elderly living alone had few options. Retirement communities and most types of semi-independent housing alternatives in Dayton were priced well out of the range of older city residents. Thus, there was a need to fill the gap between independent living and nursing home care.

Given the magnitude of the effort, the Task Force divided itself into five study teams:

- Education and Training
- Licensing and Administrative Reform
- Zoning
- Support Services
- Housing Alternatives Development

Each team was assigned the task of further defining the problem from its perspective and developing an action agreement. The agreement was to contain a problem statement, goals, objectives and recommended action steps. The teams worked independently and were coordinated by a central Task Force Steering Committee. They met several times during the course of the project to clarify and gain consensus on issues.

In order to develop the action agreements, the teams conducted special research including:

- a survey of older adults and human service professionals to learn more about the types of services provided through informal supports, such as families, neighbors, churches;
- a survey of nursing homes to understand the problems experienced by the elderly just prior to entering a nursing home;
- a review of local zoning ordinances applicable to elderly housing alternatives;
- a review of licensing standards and procedures used locally for some housing options; and
- an inventory of local housing options and information about elderly housing alternatives in other parts of the country.

Problems, Issues, Barriers to Housing Alternatives

Among those problems identified through this research were:

- the lack of uniform definition of alternative care facilities;
- the large number of agencies responsible for licensing;
- the inability to determine the number of licensed homes for the elderly;
- the inability to evaluate the care provided;
- some facilities operating under no licensing authority whatsoever and having no standards or quality of care criteria;
- resistance by neighborhood residents to group homes being located in their neighborhoods;
- because of the lack of suitable housing, individuals were often placed in inappropriate housing alternatives;
- those operating housing alternatives for the elderly often lacked qualifications and training;
- lack of funding for housing alternatives, and zoning laws limiting housing alternatives;
- the elderly and their families and the rest of the community were ill-informed about the availability and advantages of elderly support services and housing alternatives.

The teams also found that most older people rely on families, friends, neighbors, or church for assistance when the need arises. While there is a growing need for alternative housing options, there is not a great demand by the elderly due in large part to a lack of knowledge of alternatives available.

The elderly need specialized assistance in assessing needs and getting connected with support services. Of particular concern are those low income elderly who cannot afford many housing options. Those residing in public housing often need more assistance with the activities of daily living than is available and generally, private developers are more interested in providing housing alternatives for moderate and high income families than those with limited ability to pay for services.

Recommendations

The final report of the Mayor's Task Force on Alternative Housing for the Elderly, identified a number of recommendations. These included:

- Provide recognition and assistance to the informal support systems of the elderly;
- increase the level of knowledge about and access to available housing and services for the elderly and their family;
- expand the supply of housing alternatives and other support services available;
- improve the overall quality of available housing options.

Few of the proposed recommendations of the Task Force will require a significant infusion of new funds to implement. Most of it is designed to fit within existing budgetary resources. Much of the program, it is anticipated would be carried out as part of the normal work of community agencies including the Montgomery County Council on Aging, the Area Agency on Aging.

tory and tax incentives to private developers, while corporations, foundations, unions, and others may target investments into elderly housing.

To encourage the use of some alternative housing options for the elderly, local governments may need to modify local zoning laws and codes to allow for the development of alternatives such as group homes and homesharing. AAAs, community groups, and the elderly themselves can take the lead in organizing various kinds of group living arrangements.

Source: SRI International with U.S. Conference of Mayors, and National Association of Counties, *Rediscovering Governance: Using Policy Options to Address the Needs of Older Americans*, July, 1983, p. 63.

In Dayton, The Mayor's Task Force on Housing Alternatives for the Elderly, utilized a number of techniques in its strategy to develop housing options to fill the gap between independent living and dependent care in nursing homes. As part of a strategy to increase community awareness of the need to facilitate an effective public-private collaborative effort, and to build political support for changes in policies and programs, the City effectively utilized a broad-based community task force.

The task force was given the responsibility to analyze the problem, conduct a needs assessment and make recommendations on policy actions which the City and community could undertake to expand choices in living arrangements. After a near year long examination of the problem from different perspectives, the task force made policy recommendations, as well as suggested actions for implementation.

Subsequent to the recommendations and final report adopted by the City Council, the Mayor appointed an implementation task force to follow through on the various actions recommended.

Bottom-line: Purpose of the Strategy

The strategy which a community pursues in addressing housing needs of the elderly depends upon the purpose or goal which the community is trying to achieve. In Dayton, the goal was to develop a semi-independent housing option for the elderly through creative use of *existing* resources and to identify government policies which may hinder local efforts. The strategy focused on approaches to involve various key community leaders from the public and private sectors, and to facilitate collaboration, political support and public awareness.

A well thought out strategy can bring about not only a better understanding of the present and projected housing needs of older residents, but can also be an effective approach to:

- increase community awareness of housing needs of the elderly, as well as policy options for needed changes;
- promote and/or facilitate collaboration with the various public and private agencies involved with elderly housing; and/or
- build public and political support for implementing changes in present policies and/or programs.

The Importance of Outlining Basic Objectives

In addressing strategies and approaches to planning for the development of alternative housing for the elderly, a study[4] conducted for the City of Pittsburgh concluded that the necessary first step was to identify the basic objectives to be achieved through making particular alternatives available. The following examples were cited:

- If the primary goal is to free-up larger homes for younger families, then efforts should be targeted to developing affordable condominiums, cooperatives, congregate facilities and/or life care communities.
- If the major goal is to prevent housing stock deterioration and neighborhood blight, then a subsidized home maintenance and repair program should be a high priority response.
- If the goal is to help older people to remain in their homes, then programs which facilitate accessory apartment conversions, home equity conversions or shared housing matches should be considered.

The study further concluded that the extent and scope of the plan will vary according to the needs assessment and projected demand for certain alternative living arrangements among different elderly populations, i.e. level of impairment, current living arrangement; as well as the experiences gained by other communities in the use of the alternatives, and finally, on community education and awareness.

In Montgomery County, Maryland, the Housing Opportunities Commission (HOC) conducted a needs assessment of elderly housing in the county (see earlier discussion). Based on the results of this assessment, they concluded that community-based living is a possibility for declining and frail elderly (persons with chronic and/or long-term impairments) given the availability of supportive services.

The HOC further concluded that for many of the increasing numbers of "frail" elderly, if proper in-home care is available, skilled or nursing care is no longer inevitable. The focus of "caring" for the growing numbers of older persons with chronic impairments requiring non-skilled or supportive services, is being shifted back to our communities.

In part because of these identified housing concerns, the county is considering a planning strategy which incorporates the following components:

- **An Assessment of Needs**—computerized needs assessment model to make projections for the next 5-20 years at the neighborhood level of functional impairments and the types and amounts of services needed by elderly at various levels of impairment. (see Appendix N)
- **An Identification of Resources**—research of existing and planned housing and support services for older persons throughout the county by type, amount, and location.
- **A Determination of Unmet Needs**— identification of gaps in services through a comparison of needs assessment and existing resources to assist in decisions on how and where resources should be targeted.
- **Analysis of Options**—development of a plan incorporating a range of housing options including types of structures, living arrangements, associated service packages, and financing/ownership arrangements sensitive to the differences between older persons.
- **Selection of the Proper Mix**—final decision-making phase of the strategy will facilitate an assessment of a range of options based on: cost/financing, functional capacity of the elderly population, client preference, environment requirements, and client physical well-being.

It is important to recognize from the outset that developing such a strategy inherently involves an iterative process. This interaction arises from the conflict between the needs iden-

Table 6.1: Housing Options for Older Owners and Renters

To Remain in Home	Alternative Housing
Owners *Home maintenance and repair.* These may be particularly needed by low income elderly homeowners. Needed for safe, secure, enjoyable living, these programs include advice on what needs to be done when, actual performance of maintenance tasks and affordable rates. *Minor structural modifications.* These include provisions for easier housekeeping, improved home energy efficiency, reduced accident hazards, and adjustments for age-related physical changes or disabilities. Professional advice for what needs to be done as well as assistance on getting the work done is desirable. *Major stuctural modifications (accessory apartments).* Overly large homes of empty-nesters, older couples and individuals, can be altered to provide two separate dwelling units. This offers possibilities for added security, help with home management tasks, and rental income, and encourages more efficient use of existing housing stock. Information about local codes and ordinances, leads to financing sources, and assistance in locating tenants are means of encouraging use of this option. *Home equity conversion.* Enables converting value of home into income, thereby making money available to cover such expenses as the rising costs of remaining in the home, needed major repairs, medical and health care expenses. Good legal advice needed to help elderly homeowners fully understand HEC and avoid some of the pitfalls of some HEC variations. *Home sharing.* This can be accomplished using a home "as is". Companionship, security, more money, or even home maintenance help are potential benefits for the sharing homeowner. "Match maker service" important for facilitating this approach.	**Owners** *Small single-family houses.* A recent national survey of middle-income retirees (and those near retirement) found most current homeowners wanted to own a smaller detached house or duplex with about four rooms per dwelling. Could be built in multiple as well as a single detached structure. *Condominium ownership.* Community property maintenance and upkeep services offer special advantages to older households. Age-restricted or mid age group occupancy types offer important choices. Small condominium dwellings built in cluster developments offer additional advantage of a secure, small community setting. *Cooperative housing ownership.* Offer same maintenance advantages as condominiums. However, families own shares in total development rather than an individual unit as in a condominium. Lower monthly debt service is possible because longer-term mortgages are available. Co-ops designed for retirement housing usually provide important service extras. *Live-in care communities.* Specially designed residential communities provide a variety of dwelling types and living arrangements. Buy-in plans differ with some purchasing life-time occupancy only, while others provide for owning a unit out-right with it becoming part of deceased estate upon death. Meals, housekeeping, transportation, health and nursing care are the services usually available to the life care residents. *Shared houses.* Purchase and ownership of a large house by two or more owners, or purchase by one owner who then might share the dwelling with other renters.
Renters *Rental property improvement.* This could eliminate health and safety hazards and accomplish needed structural modifications so that older tenants can remain in place as long-term renters. *Cost reductions* can be obtained through: (1) repairs and structural modification to improve thermal efficiency; (2) cash assistance in paying fuel and utility bills for low income tenants, and (3) rent subsidies. *Governmental regulation of condominium conversion* could provide safeguards for older tenants where conversion poses a significant displacement hazard for long-term residents. *Condominium ownership.* This is a surer option than the above for long-term tenants who want to remain in place as rental property is converted to condominiums. Source: Adapted from A Manual of Housing Alternatives for The Elderly, Volume III, City of Pittsburgh, September 1984. pgs. 161, 162.	**Renters** *Apartment in conventional building* or garden apartment complex for mixed age group occupancy. *Apartment in building specially designed for elderly* with or without personal services. Congregate housing (central dining and common spaces for social and other activities) is one form of apartment living. *"Campus arrangments" offering multi-levels of care.* Some specially planned elderly housing and a nursing home usually located in close proximity on a sizable plot of land. Opportunity to move from one level of care to another allows for independent living, partially assisted shelter, and intermediate/skilled medical care. *Shared living arrangement.* Sharing a house or apartment with one or more usually unrelated persons. A private sleeping room and sharing of other common space is usual arrangement. Depending upon agreement, housing costs are either divided equally among sharers or a rental fee is paid to homeowner or lease holder. *ECHO housing.* Add-on or annex accommodations to the homes of families, adult children, other relatives or friends. Allows older person close proximity to informal caregiver(s). *Personal care boarding homes.* Facilities which provide room, meals, laundry, and personal care services but allow residents the freedom to come and go.

tified and the services that the community would like to be able to provide, on the one hand, and the limited resources available on the other.

Resolving this conflict requires making difficult decisions about which types of needs deserve to receive priority and the level and type of services to be provided. It also requires that close attention be given to opportunities where government can facilitate the provision of services by the private sector and that careful thought be given to charging recipients for services where they can be afforded.

The strategy is the result of resolving these conflicts into an administratively workable and politically acceptable plan. Note however, that the strategy is only a broad plan. Once the strategy has been formulated, the detailed program for implementing it, still must be developed.

There are a number of diverse competing interests and/or issues regarding efforts to change policies and programs affecting elderly housing needs. Included among these are:

- distinction between homeowners and renters—the types of assistance provided may vary significantly between these two basic categories of housing needs;
- neighborhood distribution of households; as well as where to locate different types of housing options;
- racial factors as relates to preferences, socio-economic differences, i.e. cultural and ethnic characteristics;
- identification of age groups; i.e. at what age "elderly", 55, 60, 62, 65, 72, 75, 85 (who is eligible and/or ineligible for particular programs); differences between the "young-old" and the "old-old" may span a difference of 30 years or more;
- one time intervention, i.e. assistance service versus an ongoing program; a weatherization program vs a utility subsidy;
- economic factors, such as income vs expenditures; equity vs cash flow; third party payments; ratio of public to private; fees vs donations; and,
- current expenditures vs future obligations; rate of increments.

In the final analysis, it may simply come down to a question of balance between need versus limited resources. Determining what are the priorities; how the analyst/planner/policy maker knows which solution to include. After having identified all the possible approaches, the following six criteria may be useful:

- Has the approach proven to be serviceable in the past in this community? If it is a new approach for the city, is there enough information about it to be quite confident that it is workable?
- What is the cost per household helped, either on an annual basis, or for one-time assistance?
- Administratively, how complex is it? Are there providers in the community who can deliver this service, or must new providers be identified?
- Is this solution likely to be politically acceptable, based on past experience with other proposals?
- How likely is it that those needing the assistance will be willing to participate in the program?
- Are these services that citizens have supported or asked for? Is this type of intervention consistent with the elderly's preferences? Have they been asked?

As previously addressed, there are a number of approaches a community can pursue to respond to these needs. While it is clear that there must be a strategy to provide parameters on the issue; it is not clear what strategy would be most effective in different communities to implement needed changes.

Furthermore, it may be possible to quantify the need, calculate the gap and project numbers and units of assistance. However, there is a risk of providing too much detail, and drowning the policy maker in a sea of numbers.

· Although quantifying and documenting the need is vital; developing a consensus in the community on what to do as a result of these numbers is even more critical.

An Approach for Developing Community Support

One approach that has been used in a number of cities to address priority aging needs, is a policy options approach. This approach seeks to develop community support through a strategy of public-private collaboration in addressing a community need.

Before undertaking this approach, it cannot be overly stressed, that it is essential to recognize the need for adequate staffing capacity to assist in implementing many of the steps outlined. Such staffing might be provided by either the private or public sector or a combination through a collaborative effort. As identified by SRI International[5], there are essentially five steps involved in this approach. (See Appendix P for a checklist on developing policy options for shelter). These are:

- **Forming a broad-based community problem solving partnership.**
  - involving participants with authority
  - providing strong leadership
  - representing diverse viewpoints
  - involving participants with resources
- **Clearly defining the problem.**
  - refine the problem definition
  - identify the target population
  - local context
  - identify actors and their roles and resources
  - determine barriers
  - communicate nature of problem
- **Identifying those policy options that might best address the various aspects of the problem.**
  - develop list of possible approaches to problems
  - develop inventory of possible policy options
  - strategy statement
- **Negotiating action agreements among the key actors.**
  - consider technical issues
  - assess implementation resources
  - analyze costs and benefits
  - review timing
  - consider political acceptance
  - consider business acceptance
  - assess mediation needs
  - form an action agreement
  - develop collective support
- **Implementation and monitoring of the action agreements.**
  - provide for technical support
  - organize a monitoring group
  - develop a means for revising and expanding the action agreement

Developing a Strategy Statement: The Final Document

In developing a community action plan on housing alternatives for the elderly, it is recommended that an action plan or blueprint be written as a means of defining needed action, providing a catalyst for collaboration and providing a means for focusing community and political attention. The establishment of such a statement of goals and objectives will serve to guide the formation of the strategy. The emphasis is on a broad statement so that varying levels of resource commitments and approaches can be accommodated. Defining a strategy requires decisions about the following:

- the number of those needing assistance who are to be helped;
- which approaches to employ; and,
- the number to be assisted by each approach.

Such a document needs to to be written in a style reflecting local traditions and needs; however, three basic components of such a strategy might include:

- **Statement of Needs.** This statement could use a format similar to that used in Table 6.3 to summarize the needs identified. The accompanying commentary would explain the process used to develop the needs, define the terms used, and explain the reasons for the approach chosen.

Table 6.2: Needs Assessment

- **Population description**. An enumeration of the target population with such information as geographical distribution, income levels, age groups and other variables which could be used to suggest the service needs of the population.
- **Problems of the target population**. Description of the types of problems of the target population.
- **Description of available services**. Listing of services available for the elderly within the jurisdiction—the extent to which this information is quantified varies greatly.
- **Determination of unmet need**. An enumeration of either the problems of the target population not currently being met by the services available in the jurisdiction or of the service components that were needed.
- **Priority determination**. Ranking of the service needs of the elderly in the jurisdiction.

Source: Leslie Lareau, Ph.D., "Needs Assessment of the Elderly: Conclusions and Methodological Approaches", *The Gerontologist*, Vol. 53, No. 5, 1983. p. 519.

As part of its comprehensive assessment of alternative elderly housing needs in Pittsburgh, a table was prepared to indicate the estimated need, preference and demand for various alternative housing approaches. By calculating the differences between the potential demand for various alternatives with the capacity of existing programs/facilities, the City was able to estimate the supply-demand gap for various housing alternatives.

Table 6.3: Need, Preference and Demand of Older Adults for Eight Housing Alternatives in Pittsburgh, 1980.

Housing Alternative	Need Persons	Need Households	Preference Factor	Preference Quotient	Projected Demand	Capacity of Existing Program/Facilities	Current Utilization	Housing Alternative*** Supply-Demand Gap
Accessory Apartment	2,280	2,240	.08	179	53	No programs to facilitate conversions	DNA	DNA
Home Equity Conversion	2,940	2,510	.07	176	53	No existing program	0	53
Life Care Community	1,480	890	.33	295	88	No existing facility	0	88
Shared Housing								
Providers	2,240	2,230	.06	134	40	17**	3	26
Seekers	4,781	4,781	.10	478	143	16**	3	130
Congregate Housing	2,439	1,648	.33	544	164	325 apartment units	325	164
Personal Care Boarding Home	525	525	.06	32	10	586	586	DNA*
Home Maintenance and Repair	4,900	3,696	.42	1,551	465	78	78**	387
Condominium/Cooperative	1,440	870	DNA	DNA	DNA	81	81	DNA

* Number of provider homes available in city after six months of program activity. The potential for making matches is limited only by the number of homes registered with the program and the capacity of staff to process and complete matches.

** Number of city resident's who are registered as seekers with the shared housing program after six months in operation.

* Because entrance into a PCBH is more a function of health needs and family caregiver availability than individual preference and demand, it is difficult to predict the portion of the target population likely to become PCBH residents.

** Estimate based on AAA spokesman's statement of the number of 310 chore recipients who received minor repair rather than heavy cleaning services in 1983.

*** The Housing Alternative Supply-Demand Gap = (N Households X Preference X Demand) - Utilization. A DNA factor among the variables for a give housing alternative will result in a final product of DNA for that alternative.

Congregate Housing and Personal Care Boarding Home occupants (utilization) represent the "group quarters" population not included in our calculation of the target population.

Figures derived by subtracting the remainder of the Capacity minus the Utilization from the Projected Demand in order to account for the potential number of matches which could be made within the existing program at its current registration rate.

Source: Adapted from A Manual on Housing Alternatives for the Elderly, Volume III, City of Pittsburgh, September 1984, p. 187.

- **Strategy to be Employed.** This statement would identify possible approaches which may be pursued to achieve various objectives and/or to address specific identified needs. Included with this statement would be an identification of what could be done (policy and program); who could do it (the various public and private agencies/actors); how it could be achieved (resources needed and techniques to be used); and when to be utilized (short and long term considerations). In developing such a strategy statement, it may be beneficial to use tables to display the approaches that are to be used to help different types of households with various housing related problems. Displaying the source of the assistance is absolutely essential for the rationale of the overall plan to be appreciated. Where new approaches are included, their operation should be explained in the accompanying statement. Where close alternatives to those selected are available, the choice of those included should be discussed.

  A table could be prepared which summarizes the strategy for the entire planning period (presumably three to five years), and a separate table could be given for each year so that the annual budgetary implications and the phasing of progress in various areas is clear. Finally, various assumptions about the anticipated actions by other public and private agencies, such as directions of federal and state programs and their funding levels should be made explicit, so that in later years, the source of deviation from the strategy formulated can be clearly isolated.

- **Explanation of Priorities**. Recognizing that all demands or needs cannot be met with limited resources, a clearly defined statement indicating local priorities would be useful as part of the strategy statement. This statement would identify the priorities that have been established by showing the number of households with different problems that will be served as part of the statement, the reasoning behind these differential priorities—ranging from perceived greatest need to obtaining the most complementary benefits for neighborhood stabilization—should be clearly articulated.

In conclusion, completing such a strategy statement will not be any easy task. It will require considerable effort to ensure that it is consistent with the needs identified in the community and the resources available. Unfortunately, the completion of this statement really only marks the beginning of the process that ultimately results in the elderly receiving the services that they need. The next step is the development of the detailed plan for implementing, monitoring, evaluating and adapting and/or adjusting the strategy. The strategy should be viewed as a planning tool that cities should tailor-make to suit their local needs and purposes.

As evidenced by this guidebook, there are a number of approaches for determining and responding to housing needs of older residents. In the final analysis, each community will have to determine for itself which approach/strategy is the most realistic for meeting the housing needs of their older residents. There are however, a number of exemplary approaches which have been successfully used in other communities which may be beneficial in other communities which may be beneficial for local modification or replication.

While there is no formula for projecting precisely which mix of housing alternatives is most appropriate for different communities; there is however, a growing awareness among local officials of the need to expand the local options in housing and living arrangements for older citizens. The development of these alternatives is mutually beneficial to the older person and their family, as well as the community.

Footnotes

Chapter I

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2 U.S. Congress, Senate Special Committee on Aging, *Developments in Aging, 1980, Part 1,* p.xiv.

3 U.S. Bureau of the Census, *America in Transition: An Aging Society,* Current Population Reports, Series P-23, No. 128, p. 3.

4 U.S. Congress, Senate Special Committee on Aging and the American Association of Retired Persons, *Aging America: Trends and Projections,* 1983, p. 4.

5 National Conference on Social Welfare, *Long Term Care: In Search of Solutions,* Fall, 1981, p.14.

6 U.S. Congress, *Aging America,* p.8

7 U.S. Congress, *Developments in Aging,* p.xiv.

8 American Association of Retired Persons, *A Profile of Older Americans: 1984,* p.5.

9 Ibid., p.5.

10 U.S. Bureau of the Census, *America in Transition,* p.24.

11 U.S. Congress, *Aging America* p.90.

12 Ibid., p. 31.

13 *Home Equity Conversion-A Pension Fund Vehicle?* Pension World, August 1981, p. 28

14 U.S. Bureau of the Census, *Demographic and Socioeconomic Aspects of Aging in the United States,* Special Studies Series P 23, No. 138, p. 124.

15 Turner, Lloyd, Schreter, Connie and Zetnick, Bonnie, "Housing Options for the Community Resident Elderly," Bryn Mawr College, March 1982, p.iii,

16 National Conference on Social Welfare, *Long Term Care: In Search of Solutions,* p.13.

17 Estes, Carole L., Ph.D., "A Message from WGS' President," Generations, Winter 1982, p.21.

18 Myers, Phyllis, "Design Strategies for Housing the Elderly," Place, Vol.4, No.8, September 1984, p.8.

19 Shaw, Brian, "Finding Answers for Older Americans, American City & County, Vol. 100, No. 2, February 1985, p.69.

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1 Pastalan, Leon, Ph.D, "Forward," Journal of Housing for the Elderly, Vol. 1, Nos. 3/4, Winter 1983, p. xi.

2 City of Santa Barbara Housing Element of the General Plan, Community Development Department, 1985, p. 1.

3 American Association of Retired Persons and the Administration on Aging, *Profile of Older Americans: 1984* p. 10.

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* Descriptions of various census publications provided in this chapter are taken primarily from the *The Bureau of the Census Catalog: 1984 Annual.*

** Approach taken in this guidebook to estimate local data through extrapolation of existing data was developed by the Urban Institute.

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2 Feller, Barbara A., "Americans Needing Help to Function at Home," Vital and Health Statistics of the National Center for Health Statistics, No. 92, September, 1983.

3 Katz, Rosalyn, Ph.D., "A Manual of Housing Alternatives for the Elderly," Volume III, Health and Welfare Planning Association for the City of Pittsburgh, September 1984.

4 SAVANT, Inc. a consulting firm located in Montgomery County which specializes in health and human service planning, developed this computer model based upon data obtained through a General Accounting Office study of the elderly in Cleveland. For further information on their model write: SAVANT, Inc. 10605 Concord Street, Kensington, Maryland 20895.

5 Findings of the General Accounting Office study were published in *The Well- Being of Older Persons in Cleveland Ohio (April 1977) and Conditions of Older People: National Information System Needed (September 1979).* The GAO study was based upon an analysis of the Older Americans Resources and Services (AORS) multi-dimensional functional assessment questionnaire developed by Duke University,

6 U.S. Congress, Senate Special Committee on Aging and American Association of Retired Persons, *Aging America: Trends and Projections,* 1983, p.31.

7 Myers, Phyllis, "Design Strategies for Housing the Elderly," Place, Vol. 4, No.8, September 1984, p.8.

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9 U.S. Bureau of the Census, *Demographic and Socioeconomic Aspects of Aging in the United States,* Special Studies Series P-23, No. 138, p.124.

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2 Hare, Patrick, H. and Haske, Margaret, "Innovative Living Arrangements: A Source of Long Term Care," Aging, December 1983-January 1984, p. 3.

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4 Heinz, John, U.S. Senate Special Committee on Aging, "Sheltering American Aged: Options for Housing and Services," April 1983.

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6 National Housing Conference, "Housing the Elderly: Challenges and Opportunities for the Future," April 1, 1985, p.1.

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2 Shifman, Carole, *Increasing Housing Opportunities for the Elderly*, American Planning Association, Planning Advisory Service, Report No. 381, 1983.

3 The cities which participated in the project were Annapolis, Dayton, Nashville and Tulsa. The counties were Citrus, Monterrey, Sedgwick and Rockingham. For further information on this effort, please contact USCM or the National Association of Counties.

4 Katz, Rosalyn, Ph.D., "A Manual of Housing Alternatives for the Elderly," Volume III, Health and Welfare Association for the City of Pittsburgh, 1984

5 SRI International Inc. a consulting firm, has been involved in the policy options approach for a number of years. It has been used to address a wide range of community concerns ranging from neighborhood revitalization, community action agencies, social services to refugee resettlement. The Conference of Mayors rated with SRI and the National Association of Counties in applying this approach in a number of communities regarding aging issues. USCM, NACo and SRI have jointly published several guidebooks on this aproach including "Using Policy Options to Address the Needs of Older Americans" (a resource guide and overview edition). Copies are available through each of the organizatons.

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N - Computerized Model for Projecting Elderly Housing Needs in Montgomery County

O - Inventory of Housing Options in Dayton

P - Policy Options Checklist

Appendix A

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Wallfeld, Irving and Raymond J. Struyk, *Occasional Papers in Housing and Community Affairs, Volume 3: Housing Options for the Elderly*, American University, Center for Urban Public Policy Analysis, 1978. (available from HUD USER)

Alternative Housing

For further information on the following selected housing alternatives for the elderly, please contact:

Accessory Apartments
American Association of Retired Persons, 1909 K Street, NW, Washington, DC 20049.

Condominiums
US Department of Housing and Urban Development (HUD), 451 Seventh Street, S.W., Washington, DC 20410

Cooperatives
National Association of Housing Cooperatives, 2501 M Street, NW, Suite 451, Washington, DC 20037

ECHO Housing/Granny Flats
American Association of Retired Persons, 1909 K Street, NW, Washington, DC 20049

Home Equity Conversion
National Center for Home Equity Conversion, 110 East Main, Room 662, Madison, Wisconsin 53703

Mobile Manufactured Homes
Manufactured Housing Institute, Public Affairs Dept., 1745 Jefferson Davis Highway, Arlington, VA 22202

Retirement Communities
American Association of Homes for the Aging, 1129 20th Street, NW, Washington, DC 20036

National Policy Center on Housing and Living Arrangements for Older Americans, Institute of Gerontology, University of Michigan, Ann Arbor, MI

Shared Housing/Home Matching
Shared Housing Resource Center, Inc., 6344 Greene Street, Philadelphia, PA 19144

Appendix B

Major Programs of the Department of Housing and Urban Development (HUD) to Assist the Elderly

RENTAL ASSISTANCE PROGRAMS:

Section 8 helps lower-income families afford housing by paying the difference between what they can afford and the fair market rent for an adequate unit. Based on a formula, the tenant pays a percentage of income for rent. Through mid-1983, 41 percent of the nearly two million units under this program were occupied by the elderly.

Section 202 provides direct, low-interest loans to sponsors to finance the construction or rehabilitation of residential projects and related facilities for the elderly and handicapped. Project may be sponsored by private, nonprofit organizations or consumer co-operatives. At the end of Fiscal Year 1983, more than 2,600 projects with approximately 161,400 units had been built or had funds reserved. The residents of nearly all these units receive Section 8 rental assistance.

Recent legislation permits shared housing for the elderly in the HUD assisted programs. Shared housing benefits include companionship, security, and reduced housing costs.

Public Housing programs received federal aid for housing for lower income families. Tenants pay rent based on the same formula used for Section 8. Public housing has always included the elderly as eligible residents. At the end of Fiscal year 1983, over 514,000 units of low income public housing, or 43 percent of the total, were occupied by the elderly.

Congregate Housing Services Program Demonstration operates in sixty projects and serves over 2,200 residents. Through a grant from HUD, partially impaired elderly persons in selected public housing and section 202 projects receive meals and supportive services. The effectiveness of this program is being evaluated with a report of evaluation findings due in December 1984.

RENTAL HOUSING (UNASSISTED):

Section 231 Mortgage Insurance for Elderly Housing HUD's principal program designed solely for unsubsidized apartment rental housing for the elderly. HUD insures mortgage loans to nonprofit or profit motivated entities and public agencies for construction or rehabilitation of rental accommodations for older persons. At the end of Fiscal Year 1983, 513 projects with a total of 67,936 units, were insured.

Sections 221(d)(3) and (4) are mortgage insurance programs similar to Section 231. The major difference is that the projects are planned to be affordable to low and moderate income families, including the elderly. Special projects for the elderly may be insured under this program and they may include special features such as congregate facilities. Of the nearly 1.2 million units insured through the end of Fiscal Year 1983, 10 percent have elderly occupants.

A recently authorized Retirement Service Center Program uses 221(d)(4) mortgage insurance. Projects developed under this alternative will have apartment units with meals, services and an amenities package. The facilities are designed to bridge the gap between totally independent living arrangements and the health-care-oriented nursing home. Residency will be limited to elderly occupants paying market rate rents.

Section 232 Mortgage Insurance for Nursing Homes/Intermediate Care Facilities insures mortgages for the construction and rehabilitation of long term care facilities. A State agency must certify the need for a facility. Eligible residents are those needing skilled nursing care and related medical services or those needing minimum but continuous care by trained or licensed personnel. Through the end of 1983 the vast majority of the residents in the 1,435 facilities (offering 171,902 beds) were elderly.

Recently enacted legislation allows insurance of residential facilities called Board and Care homes under Section 232. These facilities will not have medical services but will have 24-hour staff for continuous protective oversight of residents.

Section 242 Mortgage Insurance for Hospitals finances construction or rehabilitation of nonprofit and proprietary hospitals. The housing authorization legislation of 1983 amended this section to include public facilities as well, and regulations are being developed to implement the amendment. Through the end of Fiscal Year 1983, 209 hospitals with 56,418 beds have been insured.

MORTGAGE INSURANCE

Manufactured home parks exclusively for the elderly may be insured by HUD under legislation enacted in 1983.

Retirement Villages designed exclusively for the elderly are eligible for HUD/FHA single-family mortgage insurance. Subdivisions and planned communities which restrict ownership to those above a certain age, and which restrict the occupancy and the duration of visits by children, can be insured by HUD.

Home Equity Conversion Mortgages for the Elderly are to be evaluated. A HUD proposal for a home equity conversion mortgage demonstration was turned down, and under housing authorization legislation an evaluation is to be conducted of the existing use of such mortgages. These mortgages, also called Reverse Annuity Mortgages, are designed to help elderly homeowners who wish to remain in their homes to convert some of their equity into income to meet increased living and housing expenses.

COMMUNITY PLANNING AND DEVELOPMENT

Community Development Block Grant (CDBG) program funds must be used to help low and moderate income households, eliminate slums and blight, or meet other urgent community development needs. Examples of CDBG funded projects that address the needs and problems of the elderly are: senior citizen centers; housing rehabilitation; weatherization services to promote energy efficiently; neighborhood improvements; neighborhood facilities; and public and social services.

Urban Development Action Grants (UDAG) are competitive grant awards to cities and urban counties which meet standards of physical economic distress to assist economic development projects in their community. UDAG awards have helped communities develop downtown and suburban shopping areas, community centers and other public facilities that have indirectly benefited the elderly. Specific use of UDAG for elderly include: geriatric centers; elderly apartments; and nursing homes.

RESEARCH HUD conducts and supports research, studies, testing and demonstration projects, findings from which can improve housing conditions and related housing and community services for the elderly and other members of special groups. Current focus of these activities center on congregate housing, self-sufficient businesses, and a guide book on retirement housing.

Source: US Department of Housing and Urban Development, Office of the Deputy Under Secretary for Intergovernmental Relations, January 1985.

Appendix C State Property Tax Programs for the Elderly

State	Description of beneficiaries: Homeowners with qualifying age	Renters with qualifying age	Disabled	Widows	Other	Income ceiling	Form of relief: Income tax credit	Rebate	Reduction in tax bill	Other	Notes
Alabama			*		Retired persons over 65; blind					Exempt from state property tax	
Arizona	65	65					*		*		Renters receive a property tax credit on their income tax returns. Homeowners qualify for a general property tax reduction keyed to school district spending levels.
Arkansas	65			62			*	*			Relief based on amount by which property taxes exceed a specified percentage of household income.
California	62	All				$12,000		*			
Colorado	65	65	*			$5,000 if single $8,700 if married	*	*			
Connecticut	65	65				$6,000				Housing subsidy or property tax freeze	
Delaware	65					$3,000				Partly exempt	Exempt from paying a property tax on the first $5,000 of assessed valuation of property.
Idaho	65			*	Blind; disabled veterans; fatherless children under 18	$7,500			*		Reduction based on income.
Illinois	65	65	*					*			Relief based on amount by which property tax (or rent equivalent) exceeds 4 percent of household income; relief also provided for first $3,000 of increased assessed value over the 1977 value.
Indiana	65	65				$5,000	*	*			
Iowa	65	65	*			$9,000		*			
Kansas	58	58	*	52	Families with children under 18	$13,000		*			Relief is given for taxes in excess of various percentages of income.
Maine	62	62				$5,000 if single $6,000 if married		*			Relief is equal to the amount of tax up to $400.
Maryland	All	All					*				Relief based on extent to which tax exceeds various percentages of income.
Massachusetts											Small program for certain elderly, certain retired citizens, and certain veterans.
Michigan	All	All			Veterans			*			Eligibility requires payment in excess of 3.5% of income for property tax.
Minnesota	All	All	*		Senior citizens		*	*			Relief based on extent of the property tax over various percentages of income.
Missouri	65	65				$7,500	*	*			
Nevada	62	62				$12,000		*			Relief ranges from 90% of property tax for incomes of less than $1,999 to 10% for incomes between $10,000 and $11,000. Maximum relief is $300 (17 percent of rent equals tax equivalent).
New Mexico	65	65				$16,000	*	*			Relief based on various property tax liability and gross income classes.
New York	All	All				$16,000	*				Relief applies to households with gross incomes up to $16,000 for whom 50% of real property tax exceeds scaled threshold amounts of gross income. Credits range from $10 to a maximum of $250.
North Dakota	65		*						*		Relief applies to persons with incomes under $3,500 and assessed value of the property is reduced 100% (maximum reduction).
Ohio	65		*						*		Relief ranges from a 70% reduction or $5,000, whichever is less.
Oklahoma	65		*				*				Relief is equal to property taxes due in excess of 1% of household income.
Oregon	All	All				$17,500		*			Relief depends on level of income.
Pennsylvania	65	65	*			$ 7,500		*			
Rhode Island	65	65				$ 5,000	*	*			Relief equals amount by which property taxes paid exceed various percentages of household income.
South Dakota	65		*					*			Relief based on a percentage of real estate tax according to income.
Utah	65	65						*			Relief ranges from 95% of property taxes for incomes under $1,000 to 20% for incomes between $6,000 and $7,000.
Vermont	All	All						*			Relief based on amount of taxes paid exceeding 4% of income for incomes less than $4,000 up to 6% for incomes over $16,000.
Washington	62		*		Retired						
West Virginia	65	65						*			$10,000 homestead exemption. State reimburses local levying bodies for amount of property tax lost on $5,000 of exemption.
Wisconsin	All	All				$14,000	*	*			Maximum rebate or credit is 80% of rent paid or property tax paid up to $1,000.
Wyoming	65		*								

Reprinted from *The Book of the States*, The Council of State Governments, Lexington, Kentucky, 1982, pp. 400-401.

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Appendix D

Bridgeport Neighborhood Profiles Outline

The City Office of Development Administration prepared a brief narrative of trends for each of the City's 25 neighborhoods as part of its Master Plan. Included as part of each profile is:

- general explanation of methodology for all neighborhoods. (Field survey and census data);
- population and housing charts, 1970 & 1980 U.S. Census;
- zoning by acreage charts, and
- field survey check list.

I. General Location and Zoning

- Location within city
- General city locator map
- Number of acres
- Approximate acreage of each zone
- Land use, 1984

II. Population Characteristics

A. **General**
- Total population
- Percent change since 1970
- Neighborhood density versus city density
- Neighborhood's percent of Bridgeport's land area and population

B. **Age**
- Trends 1970-1980: significant gains or losses in certain age groups
- Comparison with Bridgeport average
- Percent of total population by age group, 1980.

C. **Sex**
- Only significant changes from 1970-1980, or variations from the city average.

D. **Race**
- Percent minority 1970 and 1980
- Percent by race 1970 and 1980 and percent change 1970-1980
- Comparison with city average

E. **Household Type and Marital Status**
- Persons per household versus city average, 1970 and 1980
- Household type versus city average, 1980
- Marital Status versus city average, 1980

F. **Education**
- Trends in attainment level 1970-1980 versus city average
- Current school enrollment versus city average 1980 (Public and Private).

G. **Income**
- Average income in 1970 and 1980 for neighborhood and Bridgeport
- Percent change in income, 1970-1980
- Neighborhood's percent of Bridgeport's average income
- Number of vehicles per household: Percent in neighborhood versus city average.

H. **Occupation**
- Neighborhood's percent of total city's employed persons, 1980
- Neighborhood's percent of each occupation versus city, 1980

I. **Transportation Mode to Work**
- Percent of each mode by neighborhood versus city average, 1980
- Average travel time for neighborhood versus city average.

J. **Summary statement** about neighborhood's current population in relation to city.

III. Housing Stock Analysis

- Total number of units, 1970 and 1980
- Occupied versus vacant units, 1970 and 1980
- Substandard units, 1970 and 1980
- Renter versus owner occupied units, 1970-1980
- Median rent and price of units versus city average, 1980
- Summary of housing stock composition

IV. Land Use Analysis

A. **Current Conditions**
- 1984 Land use map
- Residential locations and conditions
- Commercial locations and conditions
- Industrial locations and conditions

B. **Trends in land use: 1952-1984**

V. Community Facilities

- Community facilities map-type, location, and condition of:
- Schools
- Playgrounds and Indoor Recreation
- Parks and Recreation
- Community Centers and Services

VI. Problem Areas

- Poor building condition
- Vacancies
- Inadequate lot size
- Incompatable uses
- Excessive noise
- Through traffic on residential streets
- Congestion points
- Lack of facilities
- Inconsistency between land use and zoning

VII. Goals Analysis

VIII. Issue Identification

IX. Resources and Strategies for Implementation

X. Neighborhood maps (general locator, acreage, land use, facilities)

Worksheets for Census Tracts

As part of a process to prepare neighborhood maps (see Chapter IV), the City of Bridgeport developed a series of worksheets based on census tract data. Below is an excerpt from a worksheet used to identify those census tracts with high concentrations of elderly persons.

By dividing the total number of elderly (19,052) by the number of census tracts (44) it is possible to calculate the average (433) number of elderly per census tract. The next step is to indicate (•) which tracts are above average in numbers of elderly. The City of Bridgeport also developed various levels of concentration of elderly population.

City of Bridgeport
65+ Population—1980 Census

Census Tract	Total Tract Pop.	65+	% Elderly	Elderly Below Poverty	% Elderly Below Poverty	# Elderly Housing Units
701	5086	1014 •	20%	63	6.2%	
702	3471	558 •	16%	76	13.6%	493
703	2474	48	2%	19	39.6%	
704	2274	302	13%			
705	2712	203	7%	54	26.6%	
706	1954	97	5%	39	40.2%	
707	94	36	38%			83
708	1113	251	23%	102	40.6%	100
709	3317	321	10%	25	7.8%	
710	3581	347	10%	29	8.4%	
711	4118	407	10%	51	12.5%	
712	3847	564 •	17%	65	10.1%	220
713	2898	564 •	19%	60	10.6%	136
730	1[illegible]	262			6.5%	
731	4136	720 •	17%	137	19.0%	366
732	2927	613	21%	69	11.3%	
733	3163	739 •	23%	5	0.7%	
734	3145	601 •	14%	75	12.5%	
735	3331	446 •	13%	35	7.8%	
736	3273	284	9%	22	7.7%	
737	4615	724	16%	50	6.9%	220
738	2420	137	6%	47	34.3%	
739	3707	450 •	12%	189	42.0%	232
740	1131	48	4%	7	14.6%	
741	1826	82	4%	42	51.2%	
742	3545	120	3%	80	66.7%	
743	5319	497 •	9%	114	22.9%	
744	5389	403	7%	72	17.9%	
44 Census Tracts Totals	142546	19052	13%	2409	12.6%	

⟨ ⟩ = combinations of census tracts which make up a neighborhood

• = those census tracts which have above the average number of elderly (433)

Prepared by the Department of Human Resources Development 03/29/84

Appendix E

Select Census Bureau Data and Products for Elderly Housing

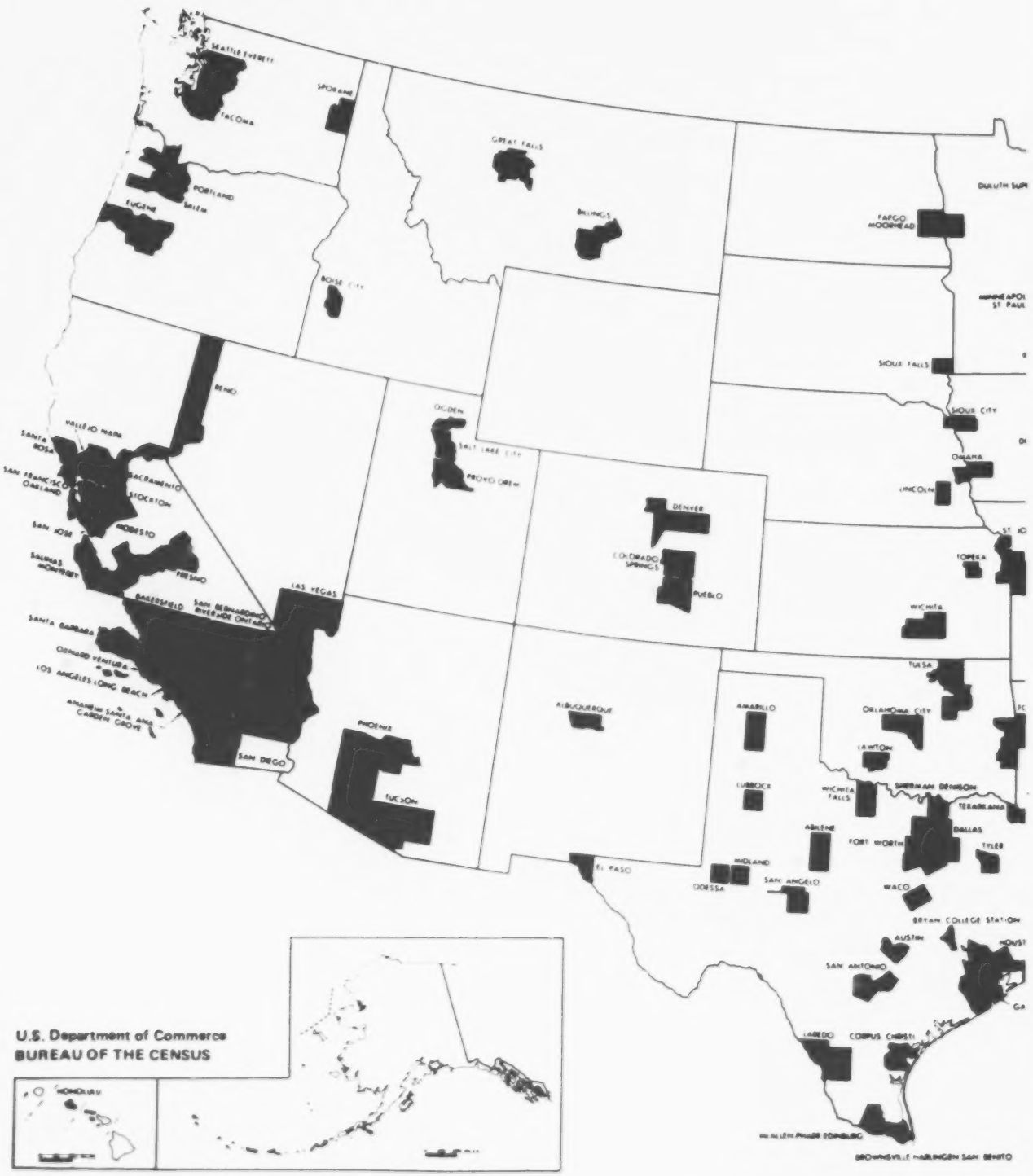
POPULATION AND HOUSING

Statistical program and series	Examples of data	Data available for	Frequency
Population, census (CFF 7)			
PC80 1 A, *Number of Inhabitants* (complete count) PC80 1 B, *General Population Characteristics* (complete count) PC80 1 C, *General Social and Economic Characteristics* PC80 1 D, *Detailed Population Characteristics* PC80 2, *Subject Reports* PC80 S1, *Supplementary Reports*	Reports denoted "complete count" may include total population, race, Spanish origin, age, sex, household relationship, household size, residence in group quarters, family type, marital status, and urban-rural residence. Other reports, that include data based on a sample, may have the above items plus type of group quarters, place of birth, citizenship, year of immigration, language spoken at home and ability to speak English, ancestry, school enrollment, years of school completed, residence 5 years ago, activity 5 years ago, disability status, fertility, veteran status, marital history, labor force status last week, place of work, travel time to work, persons in carpool, industry, occupation, class of worker, work and and unemployment in 1979, income in 1979 by type, and poverty status in 1979.	U.S., regions, divisions, States, SCSA's, SMSA's, counties, places, urbanized areas (UA's), minor civil divisions (MCD's), census county divisions (CCD's), American Indian reservations, Alaska Native villages. (Geographic and statistical detail varies by report series.) Most report series cover Puerto Rico and outlying areas as well as States and District of Columbia.	Years ending in "0"
Housing, census (CFF 6)			
HC80 1 A, *General Housing Characteristics* (complete count) HC80 1 B, *Detailed Housing Characteristics* HC80 2, *Metropolitan Housing Characteristics* HC80 3, *Subject Reports* HC80 S1, *Supplementary Reports*	Report denoted "complete count" includes tenure, vacancy status, plumbing facilities, rooms, persons in unit, persons per room, value, contract rent. Other reports, which include data based on a sample, may cover the above items plus farm residence, year structure built, year householder moved into unit, units in structure, stories in structure and presence of passenger elevator, gross rent, bedrooms, bathrooms, source of water, sewage disposal, air conditioning, telephone in unit, heating equipment, fuels for heating and cooking, mortgage status and selected monthly owner costs, vehicles available.	See PC series above.	Years ending in "0"
HC80 4, *Components of Inventory Change*	New construction, conversions, mergers, demolitions, recent movers' characteristics.	U.S., regions.	Years ending in "0"
HC80 5, *Residential Finance*	Financing of nonfarm homes, characteristics of mortgages, properties, owners.	U.S., regions.	Years ending in "0"
Population and housing, census (CFF 6 and 7)	Combined population and housing data; see separate headings above for examples. Excludes subjects in HC80 4 and HC80 5 reports.		
PHC80 1, *Block Statistics* (complete count)		Census blocks in UA's and other blocked areas.	Years ending in "0"
PHC80 2, *Census Tracts*		Census tracts in SMSA's and other tracted areas.	
PHC80 3, *Summary Characteristics for Governmental Units and Standard Metropolitan Statistical Areas*		States, SCSA's, SMSA's, counties, incorporated places, MCD's in 20 States.	
PHC80 4, *Congressional Districts of the 98th Congress*		State congressional districts.	
PHC80 S1, *Supplementary Reports*		U.S., States, SMSA's of 1,000,000+ population.	1980
PHC80 S2, *Supplementary Reports*		States, counties, places of 25,000+ population.	
Summary Tape Files STF 1 (complete count) 2 (complete count) 3 4 5		BG, ED's, blocks, larger areas* Tracts, larger areas* BG, ED's, larger areas* Tracts, larger areas* States, SCSA's, SMSA's, counties and places of 50,000+ population. *Areas vary by file within STF.	1980
Equal Employment Opportunity (EEO) File	Race, Spanish origin and sex for the civilian labor force by approximately 500 detailed occupation categories. Also race, Spanish origin and sex by education and age.	Counties and places of 50,000+ population.	1980

Statistical program and series	Examples of data	Data available for–	Frequency
Public-Use Microdata Samples			
A Sample	5% sample of individual person, household, and housing unit records with identification removed	States, county groups of 100,000+ population	1980
B Sample	1% sample, same	SMSA's, county groups of 100,000+ population	
C Sample	1% sample, same	States, State groups, large UA's	
Master Area Reference File (MARF) (See also entries under "Geography" on pp. 14-15.)	Identifies by numeric code and name—State, county, MCD/CCD, place, tract or block numbering area, BG or ED—together with basic population and housing counts from the 1980 census	U.S., States	1980
Population, current programs (CFF 7)			
P-20, *Population Characteristics*	Population profile, marital status and living arrangements, household and family characteristics, school enrollment, educational attainment, fertility, mobility, voting (biennial), Spanish origin	U.S.	Annual
P-23, *Special Studies*	Youth, women; older, Black, and metropolitan/nonmetropolitan populations	U.S.	Irregular
P-25, *Population Estimates and Projections*	Population Population, age Age, sex, race Population, per capita income	U.S. U.S., States U.S. U.S., States, counties, SMSA's, subcounty areas	Monthly Annual Annual Annual
P-26, *Federal-State Cooperative Program for Population Estimates*	Population, births, deaths, net migration	States, counties, metropolitan areas	Annual
P-27, *Farm Population*	Age, race, employment characteristics (see also heading under "Agriculture")	U.S.	Annual
P-28, *Special Censuses*	Age, sex, race, Spanish origin, housing units	Selected counties, places	Contract
P-60, *Consumer Income*	Money income, noncash benefits, poverty status, by level of education, age, sex, race, and type of householder	U.S., regions, 30 largest SMSA's	Annual
Current Population Survey Microdata Files	Labor force characteristics and periodic supplements used to produce P-20, P-27, and P-60	U.S., States, large SMSA's	Monthly
CDS, *Special Demographic Analysis*	Trends in population, housing, settlement, social indicators	U.S., sometimes regions and cities	Occasional
Collected for other agencies	Labor force characteristics, health, longitudinal studies of socioeconomic changes, voting, education, income, leisure activities, English language proficiency, outdoor recreation, crime, prisoners, visual impairment, scientists and engineers, consumer expenditures, capital punishment, volunteer workers, retirement history, veterans	U.S., States, large cities, governmental units	Periodic
Housing, current programs (CFF 6)			
H-111, *Housing Vacancy Survey*	Vacancy rates, characteristics of vacant units	U.S., regions	Quarterly, annual
H-130, *Market Absorption of Apartments*	Absorption rates by size, rent, facilities	U.S.	Quarterly, annual
H-150, *Annual Housing Survey*	See list under census HC series on p. 4, also neighborhood and recent movers' characteristics	U.S. regions	Annual; biennial from 1982
H-170, *Annual Housing Survey*	As above	60 selected SMSA's and their central cities	15 SMSA's each year
H-171, *Supplementary Reports* *Annual Housing Survey Microdata Files*	Summaries from H-170 series Corresponds to H-150 and H-170	Same as H-170 Selected SMSA's and selected central cities with 100,000+ population	Annual Annual, quadrennial
Collected for other agencies	Vacancies, mobile home placements, residential expectations	Vary	Periodic

Source: U.S. Bureau of Census, *Census Catalogue: 1984*, Washington, D.C., 1984

Appendix F
Standard Metropolitan Statistical Areas of the United States



DULUTH SUPERIOR
MINNEAPOLIS ST PAUL
ROCHESTER
LA CROSSE
APPLETON OSHKOSH
GREEN BAY
MILWAUKEE
MADISON
WATERLOO
DUBUQUE
GREENOSHA
RACINE
SIOUX CITY
DES MOINES
CEDAR RAPIDS
ROCKFORD
OMAHA
DAVENPORT ROCK ISLAND MOLINE
CHICAGO
MUSKEGON MUSKEGON HEIGHTS
BAY CITY
SAGINAW
FLINT
GRAND RAPIDS
LANSING
KALAMAZOO
GARY HAMMOND EAST CHICAGO
JACKSON
ANN ARBOR
DETROIT
CLEVELAND
TOLEDO
SOUTH BEND
AKRON
CANTON
MANSFIELD
LIMA
FORT WAYNE
PEORIA
BLOOMINGTON NORMAL
LAFAYETTE WEST LAFAYETTE
DECATUR
SPRINGFIELD
CHAMPAIGN URBANA
TERRE HAUTE
ANDERSON
MUNCIE
INDIANAPOLIS
HAMILTON MIDDLETOWN
EVANSVILLE
OWENSBORO
LOUISVILLE
LEXINGTON
HUNTINGTON ASHLAND
ST JOSEPH
TOPEKA
KANSAS CITY
ST LOUIS
SPRINGFIELD
FORT SMITH
LITTLE ROCK NORTH LITTLE ROCK
PINE BLUFF
TEXARKANA
DALLAS
TYLER
SHREVEPORT
MONROE
JACKSON
COLLEGE STATION
HOUSTON
LAKE CHARLES
BATON ROUGE
LAFAYETTE
NEW ORLEANS
BEAUMONT PORT ARTHUR ORANGE
GALVESTON TEXAS CITY
MEMPHIS
NASHVILLE DAVIDSON
HUNTSVILLE
GADSDEN
BIRMINGHAM
TUSCALOOSA
MONTGOMERY
MOBILE
BILOXI GULFPORT
PENSACOLA
ATLANTA
MACON
COLUMBUS
ALBANY
AUGUSTA
SAVANNAH
TALLAHASSEE
GAINESVILLE
ORLANDO
TAMPA ST PETERSBURG
WEST PALM BEACH FORT LAUDERDALE HOLLYWOOD
MIAMI
CHATTANOOGA
KNOXVILLE
ASHEVILLE
GREENSBORO WINSTON SALEM HIGH POINT
CHARLOTTE
GREENVILLE
COLUMBIA
CHARLESTON
DURHAM
RALEIGH
FAYETTEVILLE
WILMINGTON
ROANOKE
PETERSBURG
RICHMOND
NORFOLK PORTSMOUTH
NEWPORT NEWS HAMPTON
WASHINGTON
BALTIMORE
YORK
HARRISBURG
CHARLESTON
HUNTINGTON ASHLAND
YOUNGSTOWN WARREN
MASSILLON
PITTSBURGH
ALTOONA
JOHNSTOWN
WHEELING STEUBENVILLE WEIRTON
ERIE
BUFFALO
ROCHESTER
UTICA ROME
SYRACUSE
ALBANY SCHENECTADY TROY
BINGHAMTON
SCRANTON
WILKES BARRE HAZLETON
READING
LANCASTER
PITTSFIELD
SPRINGFIELD CHICOPEE HOLYOKE
BOSTON
WORCESTER
PROVIDENCE PAWTUCKET WARWICK
NEW LONDON GROTON NORWICH
NEW BEDFORD
BROCKTON
FALL RIVER
LEWISTON AUBURN
PORTLAND
NASHUA
LOWELL
LAWRENCE HAVERHILL
MANCHESTER
NEW BRITAIN BRISTOL
WATERBURY DANBURY
NEW HAVEN
MERIDEN
BRIDGEPORT
NORWALK
STAMFORD
NEWARK
JERSEY CITY
ALLENTOWN BETHLEHEM EASTON
TRENTON
PHILADELPHIA
ATLANTIC CITY
VINELAND MILLVILLE BRIDGETON
WILMINGTON
0 100 200 300 400 500 miles
ALBERS EQUAL AREA PROJECTION

Appendix F

Metropolitan Statistical Areas (MSA)

Primary Metropolitan Statistical Areas (PMSA)
Consolidated Metropolitan Statistical Areas (CMSA)

Legend:
Level A = Areas of 1 million or more
Level B = Areas of 250,000 to 1 million
Level C = Areas of 100,000 to 250,000
Level D = Areas of less than 100,000

State Area Titles	Area			Population			
	MSA	PMSA	CMSA	A	B	C	D
Alabama							
Anniston	•					•	
Birmingham	•				•		
Columbus (GA-AL)	•					•	
Dothan	•					•	
Florence	•					•	
Gadsden	•					•	
Huntsville	•					•	
Mobile	•				•		
Montgomery	•				•		
Tuscaloosa	•					•	
Alaska							
Anchorage	•					•	
Arizona							
Phoenix	•			•			
Tucson	•				•		
Arkansas							
Fayetteville-Springdale	•					•	
Fort Smith (AR-OK)	•					•	
Little Rock-North Little Rock	•				•		
Memphis (TN-AR-MS)	•				•		
Pine Bluff	•						•
Texarkana (TX)-Texarkana (AR)	•					•	
California							
Anaheim-Santa Ana		•		•			
Bakersfield	•				•		
Chico	•					•	
Fresno	•				•		
Los Angeles-Anaheim-Riverside			•				
Los Angeles-Long Beach		•		•			
Modesto	•				•		
Oakland		•		•			
Oxnard-Ventura		•			•		
Redding	•					•	
Riverside-San Bernardino		•		•			
Sacramento	•			•			
Salinas-Seaside-Monterey	•				•		
San Diego	•			•			
San Francisco-Oakland-San Jose			•				
San Francisco		•		•			
San Jose		•		•			
Santa Barbara-Santa Maria-Lompoc	•				•		
Santa Cruz		•			•		
Santa Rose-Petaluma		•			•		
Stockton	•				•		
Vallejo-Fairfield-Napa		•			•		
Visalia-Tulare-Porterville	•					•	
Yuba City	•					•	
Colorado							
Boulder-Longmont		•				•	
Colorado Springs	•				•		
Denver-Boulder			•				
Denver		•		•			
Fort Collins-Loveland	•					•	
Greeley	•					•	
Pueblo	•					•	
Connecticut							
Bridgeport-Milford		•			•		
Bristol		•					•
Danbury		•				•	
Hartford-New Britain-Middletown			•				
Hartford		•			•		
(Meriden)							
Middletown		•					•
New Britain		•				•	
New Haven-Meriden	•				•		
New London-Norwich (CT-RI)	•				•		
New York-Northern New Jersey-Long Island (NY-NJ-CT)			•				
Norwalk		•				•	
Stamford		•				•	
Waterbury		•				•	
Delaware							
Philadelphia-Wilmington-Trenton (PA-NJ-DE-MD)			•				
Wilmington (DE-NJ-MD)		•			•		
District of Columbia							
Washington (DC-MD-VA)	•			•			
Florida							
Bradenton	•					•	
Daytona Beach	•				•		
Fort Lauderdale-Hollywood-Pompano Beach		•		•			
Fort Myers-Cape Coral	•					•	
Fort Pierce	•					•	
Fort Walton Beach	•					•	
Gainesville	•					•	
Jacksonville	•				•		
Lakeland-Winter Haven	•				•		
Melbourne-Titusville-Palm Bay	•				•		
Miami-Fort Lauderdale			•				
Miami-Hialeah		•		•			
Naples	•						•
Ocala	•					•	
Orlando	•				•		
Panama City	•						•
Pensacola	•				•		
Sarasota	•					•	
Tallahassee	•					•	
Tampa-St. Petersburg-Clearwater	•			•			
West Palm Beach-Boca Raton-Delray Beach	•				•		
Georgia							
Albany	•					•	
Athens	•					•	
Atlanta	•			•			
Augusta (GA-SC)	•				•		
Chattanooga (TN-GA)	•				•		
Columbus (GA-AL)	•					•	
Macon-Warner Robins	•				•		
Savannah	•					•	
Hawaii							
Honolulu	•				•		
Idaho							
Boise City	•					•	
Illinois							
Alton-Granite City		•			•		
Aurora-Elgin		•			•		
Bloomington-Normal	•					•	
Champaign-Urbana-Rantoul	•					•	
Chicago-Gary-Lake County (IL-IN-WI)			•				
Chicago		•		•			
Davenport-Rock Island-Moline (IA-IL)	•				•		
Decatur	•					•	
East St. Louis-Belleville		•			•		
Joliet		•			•		
Kankakee	•					•	
Lake County		•			•		
Peoria	•				•		
Rockford	•				•		

State Area Titles	Area			Population			
	MSA	PMSA	CMSA	A	B	C	D
St. Louis-East St. Louis-Alton (MO-IL)			•				
St. Louis (MO-IL)		•		•			
Springfield	•					•	
Indiana							
Anderson	•					•	
Bloomington	•						•
Chicago-Gary-Lake County (IL-IN-WI)			•				
Cincinnati-Hamilton (OH-KY-IN)			•				
Cincinnati (OH-KY-IN)		•		•			
Elkhart-Goshen	•					•	
Evansville (IN-KY)	•				•		
Fort Wayne	•				•		
Gary-Hammond		•		•			
Indianapolis	•			•			
Kokomo	•					•	
Lafayette	•					•	
Louisville (KY-IN)	•				•		
Muncie	•					•	
South Bend-Mishawaka	•					•	
Terre Haute	•					•	
Iowa							
Cedar Rapids	•					•	
Davenport-Rock Island-Moline (IA-IL)	•				•		
Des Moines	•				•		
Dubuque	•						•
Iowa City	•						•
Omaha (NE-IA)	•				•		
Sioux City (IA-NE)	•					•	
Waterloo-Cedar Falls	•					•	
Kansas							
Kansas City (MO)-Kansas City (KS)			•				
Kansas City		•			•		
Lawrence	•						•
Topeka	•					•	
Wichita	•				•		
Kentucky							
Cincinnati-Hamilton (OH-KY-IN)			•				
Cincinnati (OH-KY-IN)		•		•			
Clarksville-Hopkinsville (TN-KY)	•					•	
Evansville (IN-KY)	•				•		
Huntington-Ashland (WV-KY-OH)	•				•		
Lexington-Fayette	•				•		
Louisville (KY-IN)	•				•		
Owensboro	•						•
Louisiana							
Alexandria	•					•	
Baton Rouge	•				•		
Houma-Thibodaux	•					•	
Lafayette	•					•	
Lake Charles	•					•	
Monroe	•					•	
New Orleans	•			•			
Shreveport	•				•		
Maine							
Bangor	•						•
Lewiston-Auburn	•						•
Portland	•					•	
Portsmouth-Dover-Rochester (NH-ME)	•					•	
Maryland							
Baltimore	•			•			
Cumberland (MD-WV)	•					•	
Hagerstown	•					•	
Philadelphia-Wilmington-Trenton (PA-NJ-DE-MD)			•				
Washington (DC-MD-VA)	•			•			
Wilmington (DE-NJ-MD)		•			•		
Massachusetts							
Boston-Lawrence-Salem (MA-NH)			•				

State Area Titles	Area			Population			
	MSA	PMSA	CMSA	A	B	C	D
Boston		•		•			
Brockton		•				•	
Fall River (MA-RI)		•				•	
Fitchburg-Leominster	•						•
Lawrence-Haverhill (MA-NH)		•			•		
Lowell (MA-NH)		•				•	
New Bedford	•					•	
Pawtucket-Woonsocket-Attleboro (RI-MA)		•			•		
Pittsfield	•						•
Providence-Pawtucket-Fall River (RI-MA)			•				
Salem-Gloucester		•			•		
Springfield	•				•		
Worcester	•				•		
Michigan							
Ann Arbor		•			•		
Battle Creek	•					•	
(Bay City)							
Benton Harbor	•					•	
Detroit-Ann Arbor			•				
Detroit		•		•			
Flint	•				•		
Grand Rapids	•				•		
Jackson	•					•	
Kalamazoo	•					•	
Lansing-East Lansing	•				•		
Muskegon	•					•	
Saginaw-Bay City-Midland	•				•		
Minnesota							
Duluth (MN-WI)	•				•		
Fargo-Moorhead (ND-MN)	•					•	
Minneapolis-St. Paul (MN-WI)	•			•			
Rochester	•						•
St. Cloud	•					•	
Mississippi							
Biloxi-Gulfport	•					•	
Jackson	•				•		
Memphis (TN-AR-MS)	•				•		
Pascagoula	•					•	
Missouri							
Columbia	•					•	
Joplin	•					•	
Kansas City (MO-KS)	•			•			
St. Joseph	•						•
St. Louis (MO-IL)	•			•			
Springfield	•					•	
Montana							
Billings	•					•	
Great Falls	•						•
Nebraska							
Lincoln	•					•	
Omaha (NE-IA)	•				•		
Sioux City (IA-NE)	•					•	
Nevada							
Las Vegas	•				•		
Reno	•					•	
New Hampshire							
Boston-Lawrence-Salem (MA-NH)			•				
Lawrence-Haverhill (MA-NH)		•			•		
Lowell (MA-NH)		•				•	
Manchester	•					•	
Nashua		•				•	
Portsmouth-Dover-Rochester (NH-ME)	•					•	
New Jersey							
Allentown-Bethlehem (PA-NJ)	•				•		
Atlantic City	•				•		
Bergen-Passaic		•		•			
Jersey City		•			•		
(Long Branch-Asbury Park)							
Middlesex-Somerset-Hunterdon		•			•		
Monmouth-Ocean		•			•		

State Area Titles	Area			Population			
	MSA	PMSA	CMSA	A	B	C	D
(New Brunswick-Perth Amboy-Sayreville)							
New York-Northern New Jersey-Long Island (NY-NJ-CT)			•				
Newark (Paterson-Clifton-Passaic)		•		•			
Philadelphia-Wilmington-Trenton (PA-NJ-DE-MD)			•				
Philadelphia (PA-NJ)		•		•			
Trenton		•			•		
Vineland-Millville-Bridgeton		•				•	
Wilmington (DE-NJ-MD)		•			•		
New Mexico							
Albuquerque	•				•		
Las Cruces	•						•
Santa Fe	•						•
New York							
Albany-Schenectady-Troy	•				•		
Binghamton	•				•		
Buffalo-Niagara Falls			•				
Buffalo		•		•			
Elmira	•						•
Glens Falls	•					•	
Nassau-Suffolk		•		•			
New York-Northern New Jersey-Long Island (NY-NJ-CT)			•				
New York (Newburgh-Middletown)		•		•			
Niagara Falls		•				•	
Orange County		•			•		
Poughkeepsie	•					•	
Rochester	•				•		
Syracuse	•				•		
Utica-Rome	•				•		
North Carolina							
Asheville	•					•	
Burlington	•						•
Charlotte-Gastonia-Rock Hill (NC-SC)	•				•		
Fayetteville	•					•	
Greensboro-Winston-Salem-High Point	•				•		
Hickory	•					•	
Jacksonville	•					•	
Raleigh-Durham (Salisbury-Concord)	•				•		
Wilmington	•					•	
North Dakota							
Bismarck	•						•
Fargo-Moorhead (ND-NM)	•					•	
Grand Forks	•						•
Ohio							
Akron		•			•		
Canton	•				•		
Cincinnati-Hamilton (OH-KY-IN)			•				
Cincinnati (OH-KY-IN)		•		•			
Cleveland-Akron-Lorain			•				
Cleveland		•		•			
Columbus	•			•			
Dayton-Springfield	•				•		
Hamilton-Middletown		•			•		
Huntington-Ashland (WV-KY-OH)	•				•		
Lima	•					•	
Lorain-Elyria		•			•		
Mansfield (Newark)	•					•	
Parkersburg-Marietta (WV-OH) (Springfield)	•					•	
Steubenville-Weirton (OH-WV)	•					•	
Toledo	•				•		
Wheeling (WV-OH)	•					•	
Youngstown-Warren	•				•		

State Area Titles	Area			Population			
	MSA	PMSA	CMSA	A	B	C	D
Oklahoma							
Enid	•						•
Fort Smith (AR-OK)	•					•	
Lawton	•					•	
Oklahoma City	•				•		
Tulsa	•				•		
Oregon							
Eugene-Springfield	•				•		
Medford	•					•	
Portland-Vancouver (OR-WA)			•				
Portland		•		•			
Salem	•					•	
Pennsylvania							
Allentown-Bethlehem (PA-NJ)	•				•		
Altoona	•					•	
Beaver County		•				•	
Erie	•				•		
Harrisburg-Lebanon-Carlisle	•				•		
Johnstown	•				•		
Lancaster (Northeast Pennsylvania)	•				•		
Philadelphia-Wilmington-Trenton (PA-NJ-DE-MD)			•				
Philadelphia (PA-NJ)		•		•			
Pittsburgh-Beaver Valley			•				
Pittsburgh		•		•			
Reading	•				•		
Scranton—Wilkes-Barre	•				•		
Sharon	•					•	
State College	•					•	
Williamsport	•					•	
York	•				•		
Rhode Island							
Fall River (MA-RI)		•				•	
New London-Norwich (CT-RI)	•				•		
Pawtucket-Woonsocket-Attleboro (RI-MA)		•			•		
Providence-Pawtucket-Fall River (RI-MA)			•				
Providence		•			•		
South Carolina							
Anderson	•					•	
Augusta (GA-SC)	•				•		
Charleston	•				•		
Charlotte-Gastonia-Rock Hill (NC-SC)	•				•		
Columbia	•				•		
Florence	•					•	
Greenville-Spartanburg (Rock Hill)	•				•		
South Dakota							
Sioux Falls	•					•	
Tennessee							
Chattanooga (TN-GA)	•				•		
Clarksville-Hopkinsville (TN-KY)	•					•	
Johnson City-Kingsport-Bristol (TN-VA)	•				•		
Knoxville	•				•		
Memphis (TN-AR-MS)	•				•		
Nashville	•				•		
Texas							
Abilene	•					•	
Amarillo	•					•	
Austin	•				•		
Beaumont-Port Arthur	•				•		
Brazoria		•				•	
Brownsville-Harlingen	•					•	
Bryan-College Station	•						•
Corpus Christi	•				•		
Dallas-Fort Worth			•				
Dallas		•		•			
El Paso	•				•		
Fort Worth-Arlington		•			•		

State Area Titles	Area			Population			
	MSA	PMSA	CMSA	A	B	C	D
Galveston-Texas City		•				•	
Houston-Galveston-Brazoria			•				
Houston		•		•			
Killeen-Temple	•					•	
Laredo	•						•
Longview-Marshall	•					•	
Lubbock	•					•	
McAllen-Edinburg-Mission	•				•		
Midland	•						•
Odessa	•					•	
San Angelo	•						•
San Antonio	•			•			
Sherman-Denison	•						•
Texarkana (TX)-Texarkana (AR)	•					•	
Tyler	•					•	
Victoria	•						•
Waco	•					•	
Wichita Falls	•					•	
Utah							
Provo-Orem	•					•	
Salt Lake City-Ogden	•				•		
Vermont							
Burlington	•					•	
Virginia							
Charlottesville	•					•	
Danville	•					•	
Johnson City-Kingsport-Bristol (TN-VA)	•				•		
Lynchburg	•					•	
(Newport News-Hampton)							
Norfolk-Virginia Beach-Newport News	•			•			
(Petersburg-Colonial Heights-Hopewell)							
Richmond-Petersburg	•				•		
Roanoke	•					•	
Washington (DC-MD-VA)	•			•			
Washington							
Bellingham	•					•	
Bremerton	•					•	
Olympia	•					•	
Portland-Vancouver (OR-WA)			•				
Richland-Kennewick-Pasco	•					•	
Seattle-Tacoma			•				
Seattle		•		•			
Spokane	•				•		
Tacoma		•			•		
Vancouver		•				•	
Yakima	•					•	
West Virginia							
Charleston	•				•		
Cumberland (MD-WV)	•					•	
Huntington-Ashland (WV-KY-OH)	•				•		
Parkersburg-Marietta (WV-OH)	•					•	
Steubenville-Weirton (OH-WV)	•					•	
Wheeling (WV-OH)	•					•	
Wisconsin							
Appleton-Oshkosh-Neenah	•				•		
Chicago-Gary-Lake County (IL-IN-WI)			•				
Duluth (MN-WI)	•				•		
Eau Claire	•					•	
Green Bay	•					•	
Janesville-Beloit	•					•	
Kenosha		•				•	
La Crosse	•						•
Madison	•				•		
Milwaukee-Racine			•				
Milwaukee		•		•			
Minneapolis-St. Paul (MN-WI)	•			•			
Racine		•				•	
Sheboygan	•					•	
Wausau	•					•	
Wyoming							
Casper	•						•
Puerto Rico							
Aguadilla	•					•	
Arecibo	•					•	
Caguas		•			•		
Mayaguez	•					•	
Ponce	•					•	
San Juan-Caguas			•				
San Juan		•		•			

Appendix G

Bureau of Census Information Centers
The State Data Center Program

The organization of each State Data Center varies from state to state, but usually involves a major state executive or planning agency, a major state university, and the State library. Due to limitations of space, we are unable to list all coordinating organizations for each state. Listed below are those organizations and individuals identified as key contact persons by the U.S. Department of Commerce, Bureau of the Census.

ALABAMA
Center for Business and Economic Research University of Alabama P.O. Box AK University, AL 35486 Mr. Edward Rutledge (205) 348-6191

ALASKA
Alaska Department of Labor P.O. Box 1149 Juneau, AK 99802 Ms. Kathryn Lizik (907) 465-4513

ARIZONA
The Arizona Department of Economic Security 1300 West Washington, 1st Floor P.O. Box 6123-045Z Phoenix, AZ 85005 Ms. Betty Jefferies (602) 255-5984

ARKANSAS
Industrial Research and Extension Center (IREC) University of Arkansas 33rd and University Avenue Little Rock, AR 72204 Ms. Sarah Breshears (501) 371-1971

CALIFORNIA
State Census Data Center Department of Finance 1025 P Street Sacramento, Ca 95814 Ms. Linda Gage, Director (916) 322-4651

COLORADO
Division of Local Government Colorado Department of Local Affairs 1313 Sherman Street, Rm. 520 Denver, CO 80203 Mr. Reid Reynolds (303) 866-2156

CONNECTICUT
Comprehensive Planning Division Office of Policy and Management State of Connecticut 80 Washington Street Hartford, CT 06106 Mr. Theron A. Schnure (203) 566-3905

DELAWARE
Delaware Development Office 99 Kings Highway P.O. Box 1401 Dover, DE 19903 Mr. Doug Clendaniel (302) 736-4271

DISTRICT OF COLUMBIA
Data Services Division Mayor's Office of Planning and Development Room 458, Lansburgh Bldg. 420 7th Street, N.W. Washington, D.C. 20004 Mr. Albert Mindline (202) 727-6533

FLORIDA
Florida State Data Center Executive Office of the Governor Office of Planning and Budgeting The Capitol Tallahassee, FL 32301-8047 Ms. Leslie Hazlett (904) 488-4512

GEORGIA
Georgia Office of Planning and Budget 270 Washington St., S.W. Rm. 608 Atlanta, Ga 30334 Mr. Tom Wagner (404) 656-2191

HAWAII
State Department of Planning and Economic Development Room 602A 2502 King Street Honolulu, HI 9613 Mr. Robert Schmitt (808) 548-3082

IDAHO
Division of Economic and Community Affairs 700 W. State Street State Capitol Bldge., Rm. 108 Boise, ID 83720 Mr. Alan Porter (208) 334-4714

ILLINOIS
Division of Planning and Financial Analysis Illinois Bureau of the Budget William Stratton Bldg., Rm. 605 Springfield, IL 62706 Ms. Ann Geraci (317) 782-3500

INDIANA
Indiana State Library Indiana State Data Center 140 North Senate Avenue Indianapolis, IN 46204 Ms. Sandi Thompson (317) 232-3733

IOWA
Office of the State Demographer Iowa Office for Planning and Programming 523 East 12th Street Des Moines, IA 50319 Ms. Mary Tavegia (515) 281-3738

KANSAS
State Library State Capitol Building, Rm. 343-N Topeka, KS 66612 Mr. Marc Galbraith (913) 296-3296

KENTUCKY
Urban Studies Center College of Urban and Public Affairs University of Louisville Gardencourt Campus Alta Vista Rd. Louisville, KY 40292 Mr. Vernon Smith (502) 588-6626

LOUISIANA
Louisiana State Planning Office P.O. Box 44426 Baton Rouge, LA 70804 Ms. Karen Paterson (504) 342-7410

MAINE
Division of Economic Analysis and Research Maine Department of Labor 20 Union Street Augusta, ME 04330 Ms. Jean Martin (207) 289-2271

MARYLAND
Maryland Department of State Planning 301 West Preston Street Baltimore, MD 21201 Mr. Arthur Benjamin (301) 383-5664

MASSACHUSETTS
Center for Massachusetts Data Executive Office of Communities and Development 100 Cambridge Street, Rm. 904 Boston, MA 02202 Mr. Charles McSweeney, Coordinator of Center for Massachusetts Data (617) 727-3253

MICHIGAN
Michigan Information Center Department of Management and Budget Office of the Budget/LLPD P.O. Box 30027 Lansing, MI 48909 Dr. Laurence Rosen (517) 373-7910

MINNESOTA
State Demographic Unit Minnesota State Planning Agency 101 Capitol Square Bldg. 550 Cedar Street St. Paul, MN 55101 Ms. Eileen Barr (612) 296-4886

MISSISSIPPI
Center for Population Studies The University of Mississippi Bondurant Building, Rm. 3W University, MS. 38677 Ms. Michele Plunk (601) 232-7288

MISSOURI
Missouri State Library Truman State Office Building 2nd Floor Jefferson City, MO 65101 Mr. Jon Harrison (314) 751-4552

MONTANA
Census and Economic Information Center Montana Department of Commerce 1424 9th Avenue Capitol Station Helena, MT 59620-0401 Ms. Patricia Roberts (406) 444-2896

NEBRASKA
Bureau of Business Research 200 CBA The University of Nebraska-Lincoln Lincoln, NE 6858 Mr. Jerry Deichert (402) 472-2334

NEVADA
Nevada State Library Capitol Complex 401 North Carson Carson City, NV 89710 Ms. Patricia Deadder (702) 885-5160

NEW HAMPSHIRE
Office of State Planning State of New Hampshire 2-1/2 Beacon Street Concord, NH 03301 Mr. Jim McLaughline (603) 271-2155

NEW JERSEY
New Jersey Department of Labor Division of Planning and Research Cn 388-John Fitch Plaza Trenton, NJ 08625-0388 Ms. Connie O. Hughes (609) 984-2593

NEW MEXICO
Economic Development and Tourism Dept. Bataan Memorial Building Santa Fe, NM 87503 Ms. Ann Glover

NEW YORK
Division of Economic Research and Statistics New York Department of Commerce 1 Commerce Plaza, Room 905 99 Washington, Ave. Albany, NY 12245 Mr. Mike Batutis (518) 474-6005

NORTH CAROLINA
North Carolina Office of State Budget and Management 116 West Jones Street Raleigh, NC 27611 Ms. Francine Ewing, Director of State Data Center (919) 733-7061

NORTH DAKOTA
Dept. of Agricultural Economics North Dakota State University Agricultural Experiment Station Morrill Hall, Room 224 P.O. Box 5636 Fargo, ND 58105 Dr. Richard Rathge (701) 237-8621

OHIO
Ohio Data Users Center Ohio Department of Economic and Community Development State Tower Building, 26th Floor 30 E. Broad Street Columbus, OH 43216 Mr. Keith Ewald (614) 466-2115

OKLAHOMA
Oklahoma State Data Center Department of Economic and Community Affairs Lincoln Plaza Bldg., Suite 285 4545 N. Lincoln Bldv. Oklahoma City, OK 73105 Mr. Harley Lingerfelt (405) 528-8200

OREGON
Integovernmental Relations Division Executive Building 155 Cottage Street, N.E. Salem, OR 97310 Mr. Jon Roberts (503) 373-1996

PENNSYLVANIA
Institute of State and Regional Affairs Pennsylvania State University Capitol Campus Middletown, PA 17057 Mr. Bob Surridge (717) 948-6336

PUERTO RICO
Puerto Rico Planning Board Minillas Government Center North Building Avenida De Diego P.O. Box 41119 San Juan, PR 09940 Mr. Nolan Lopez (809) 726-6200 x4112

RHODE ISLAND
Rhode Island Statewide Planning Program 265 Melrose Street, Rm. 203 Providence, RI 02907 Mr. Frank Iacono (401) 277-2726

SOUTH CAROLINA
Division of Research and Statistical Services Budget and Control Board State of South Carolina Rembert C. Dennis Bldge., Rm. 337 1000 Assembly Street Columbia, SC 29201 Mr. Mike Macfarlane (803) 758-3986

SOUTH DAKOTA
Business Research Bureau School of Business Patterson Hall University of South Dakota Vermillion, SD 57069 Ms. DeVee Goss (605) 677-5287

TENNESSEE
Tennessee State Planning Office James K. Polk State Office Bldge., 505 Deadrick St., Suite 1800 Nashville, TN 37219 Mr. Charles Brown (615) 371-1676

TEXAS
Data Management Program Texas Advisory Commission on Intergovernmental Relations P.O. Box 13206 Austin, Tx 78711 Ms. Susan Szaniszlow (512) 475-3728

UTAH
Office of Planning and Budget State Capitol, Rm. 116 Salt Lake City, UT 84114 Mr. Jim Robson (801) 533-5245

VERMONT
Policy Research and Coordination Staff Pavilion Office Building 109 State Street Montpelier, VT 05602 Mr. David Healy (802) 828-3326

VIRGINIA
Department of Planning and Budget 445 Ninth Street Office Bldg. P.O. Box 1422 Richnond, VA 23211 Ms. Julie Henderson (804) 786-7843

VIRGIN ISLANDS
Department of Commerce of the Virgin Island P.O. Box 6400 Charlotte Amalie St. Thomas, VI 00801 Mr. Richard Moore (809) 774-8784 x214

WASHINGTON
Policy Analysis and Forecasting Divisioin Office of Financial Management Insurance Building, Room 320 AQ-44 Olympia, WA 98504 Mr. Lawrence Weisser (206) 754-2808

WEST VIRGINIA
Community Development Division Governor's Office of Economic and Community Development Capitol Complex Bldg. 6, Rm. 553 Charleston, WV 25305 Ms. Mary C. Harless (304) 348-4010

WISCONSIN
Demographic Services Center Department of Administration 101 South Webster St., 7th Floor P.O. Box 7864 Madison, WI 53707-7864 Mr. Robert Naylor (608) 266-1927

Information Services Program/Regional Offices

The Bureau of the Census offers a number of services through its twelve regional offices. Each regional office is staffed by information services specialists who a) provide technical assistance to users of Census Bureau data; b) help data users locate data; c) increase public awareness and d) provide a program of data user education.

ATLANTA, GA
1365 Peachtree Street, N.E., Rm. 625 30309 (404) 881-2274

BOSTON, MA
441 Stuart St., 10th Floor 02116 (617) 223-0226

CHARLOTTE, N.C.
230 South Tryon St., Suite 800 28202 (704) 371-6144

CHICAGO, IL
55 East Jackson Blvd., Suite 1304 60604 (312) 353-0980

DALLAS, TX
1100 Commerce St., Rm 3C54 75242 (214) 767-0625

DENVER, CO
7655 W. Mississippi Ave. Post Office Box 26750 80226 (303) 234-5825

DETROIT, MI
Federal Bldg. & U.S. Court House 231 West Lafayette, Rm. 565 48226 (313) 226-46575

KANSAS CITY, KS.
One Gateway Center 4th and State Streets 66101 (913) 236-3731

LOS ANGELES, CA
11777 San Vicente Blvd., Rm 810 90049 (213) 209-6612

NEW YORK, NY
Federal Office Bldg., Rm 37-130 26 Federal Plaza 10278 (212) 264-4730

PHILADELPLHIA, PA
Wm. J. Green, Jr., Federal Bldg. 600 Arch St., Rm. 9244 19106 (215) 597-8313

SEATTLE, WA
Lake Union Bldg. 1700 Westlake Ave., North 98109 (206) 442-7080

Appendix H

Sample Calculation to Estimate the Number of Housing Units with an Elderly Occupant (see Table 3.5)

The following are the calculations to accompany Table 3.5 (page 20) for estimating the number of housing units in the jurisdiction which contain an occupant aged 65 or older. This is a simple process of adding together the number of households where the head or spouse is 65 or older plus the number of households containing an elderly person who is not the head of household. Essentially, the process consists of three steps: 1) identifying the relevant data; 2) preparing a worksheet; and 3) calculations. Using data (see Table 3.4, page 19) for Santa Barbara the calculations are as follows.

Step #1—Locate the Relevant Published Date

(a) Data on the number of Santa Barbara households with an elderly head or elderly spouse can be found in the *Census of Housing, HC80-1-B6,* Table 74

(b) Data on the number of persons 65 or older can be found in the *Census of Population, PC80-1-B6,* Table 28.

The information from these two tables provides an upper bound (maximum) estimate for the number of **elderly-occupied housing units** in the City of Santa Barbara.

Step #2—Prepare a Worksheet for Calculations

Since these published tables contain a great many numbers other than those that are required here, it is best to copy the necessary numbers on to a worksheets as follows:

HC80-1-B6, Table 74		PC80-1-B6, Table 28	
Housing units with householder spouse 65 years and over:		Persons 65 years and over:	
(1) occupied housing units	= 8,995	(1) Other relatives	= 740
total	= 8,995	(2) Non relative	= 258
		total	= 998
total housing units containing elderly residents			= 9,993

The numbers from Table 74 refer to housing units where the head of household (householder) or spouse is elderly. What is lacking is an estimate of the number of housing units where the head or spouse is **not** elderly, but where an elderly person resides. An elderly woman, living with her son and his family, would be one example. An elderly woman, living with unrelated younger persons where the head of the household was one of the younger persons, would be another example. The number of persons 65 and over residing with relatives or nonrelatives, where the head of household is non elderly, can be found in Table 28. Although more than one elderly person could be living in the same housing unit headed by a younger person, thus reducing the possible 740 and 258 units by some proportion, we could simply state that, at a **maximum,** 998 units, in addition to the 8,995, houses elderly residents.

Step #3—Calculate

Thus, an upper bound for the number of elderly occupied housing units in Santa Barbara is

$$8{,}995 + 998 = 9{,}993$$

What's the Estimate Number of Housing Units With An Elderly Occupant In *Your* City?

HC80-1-B *(your state #)* **Table 74**		**PC80-1-B *(your state #)*** **Table 28**	
Housing units with householder spouse 65 years and over:		Persons 65 years and over:	
(1) Occupied housing units	= _____	(1) Other relatives	= _____
Total	= _____	(2) Non relative	= _____
		Total	= _____

Total housing units containing elderly results = _____ + _____ = _____

APPENDIX I

Sample Calculation for Estimating the Housing Tenure (owner/renter) of Elderly Occupied Units (see Table 3.6)

The process for estimating the housing tenure (owners/renters) of housing units containing an elderly occupant is essentially the same as described in Appendix H, i.e. 1) identify data, 2) develop worksheet, and 3) do necessary calculations. Because different census data sources are available two different examples will be provided. One example will be provided with Santa Barbara using the same data sources cited earlier (PC80-1-B, Table 28; and HC80-1-B, Table 74), and a second example with New Orleans using the *Census of Population and Housing* (PHC-1-A; see brief description in Section III).

Calculation Example for Santa Barbara

Step #1—Locate the Relevant Published Data

The same two published 1980 Census data used for estimating the number of housing units containing an elderly persons list the necessary data numbers for estimating the elderly residents living in owned and rented units. See Table 3.4 for obtaining necessary data from PC80-1-B, Table 28 and HC80-1-B, Table 74.

Step #2—Prepare a Worksheet for Calculations

HC-80-1-B6, Table 74

Housing Units with householder or spouse 65 or older:

Owner-occupied units	=	4,987
Total units	=	8,995
Total owner-occupied units	=	13,532
Total renter occupied units	=	18,977

(a) Information is provided on the number of owner-occupied housing units for the population as a whole and for those with an elderly head or spouse. The proportion of owner-occupied dwellings and renter-occupied dwellings is therefore readily available:

$\frac{4,987}{8,995}$ (owner/occupant) = 55.4% owner-occupied

100% − 55.4% = 44.6% renter-occupied

(b) These calculations, however, leave out other elderly persons who are not household heads or spouses. Arriving at tenure estimates for these individuals (estimated at 998 persons in example #1) is a bit more complicated.

The Census numbers shown on the worksheet indicate that:

$$\frac{13,532 \text{ owner-occupied units}}{13,532 \text{ owner-occupied units} + 18,977 \text{ renter-occupied units}}$$

or 41.6 percent of all housing units in Santa Barbara are owner-occupied units.

It would be inappropriate, however, to simply apply this ownership rate to the remaining elderly households since we have already observed that elderly-headed households have a **higher** rate of homeownership than the population of this city as a whole. Simply applying the aggregate rate to these other households would, therefore, overstate the proportion of households who are homeowners.

To adjust for this contingency, we need to subtract the figures for elderly-headed households from those pertaining to the population as a whole, as follows:

Total owner-occupied units	=	13,532
Elderly owner-occupied units	=	-4,987
		8,545
Total renter-occupied units	=	18,977
Elderly renter-occupied units	=	-4,008
(this number does not appear in the published tables but is easily derived by simply subtraction: 8995 - 4987 = 4008)		14,969

We then add the two results to get the total number of units in which an elderly person is not the head or spouse:

$$\begin{array}{r} 14,969 \\ +8,545 \\ \hline 23,514 \end{array}$$

Step #3: Calculate

(a) We now have sufficient information to actually proceed with the calculations. We assume that:

$\frac{8,545}{23,514}$ = 36.3% of those remaining elderly persons living in owned homes and that:

14,969 = 63.7% live in rented homes.

(b) Converting these proportions into absolute numbers we find:

$$\begin{array}{r} 998 \\ \times .363 \\ \hline 362 \end{array}$$

of those remaining elderly persons are in owned homes

and:

$$\begin{array}{r} 998 \\ \times .637 \\ \hline 636 \end{array}$$

are living in rented homes.

(c) Since it may be desirable to have these proportions and numbers by tenure for all elderly households and persons, we need to add elderly-headed households in each tenure class to the totals for other elderly persons in each tenure class, as follows:

	Owners	Renters	Total
Elderly-headed households	4,987	4,008	8,995
Other elderly	362	636	998
Total	5,349	4,664	9,993

To derive proportions, we do the following division:

Owners: $\frac{5,349}{9,993}$ = 53.5%

Renters: $\frac{4,644}{9,993}$ = 46.5%

Thus, we estimate that in Santa Barbara, 53.5 percent of the elderly live in owner-occupied units and 46.5 percent live in renter-occupied units.

Appendix I (continued)

Calculation Example for New Orleans

Data from table HC80-1-B is used in the previous example with Santa Barbara which used sample estimates from PC80-1-B and HC80-1-B. More accurate 100% count information is available in some categories on Summary Tape File (STF) 1- A, *Census of Population and Housing*. Estimate is based on 62+.

Census of Population and Housing, 1980—Summary Tape File 1A

10. Persons by Sex by Age

22 to 24 Years	34403	17619
25 to 29 Years	53642	27312
30 to 34 Years	41835	21608
35 to 44 Years	54675	29003
45 to 54 Years	50998	27844
55 to 59 Years	28301	15426
60 and 61 Years	10034	5440
62 to 64 Years	13353	7533
65 to 74 Years	39601	23770
75 to 84 Years	20693	13775
85 Years and Over	5029	3715

23. Occupied Housing Units with One or More Persons 65 Years and Over by Tenure by Age of Householder

	Total	Renter Occupied
Householder:		
Under 65 Years	6340	2454
65 Years and Over	43417	20658

The use of STF-1-A data also simplifies the process. By using the numbers on line 23 of PHC-1-A to identify the numbers for renters and total, it is only necesssary to calculate "owners" by subtracting the number of renters from the total. The table would be completed for New Orleans as follows:

	Owners (Calculate) Number (B-A)	Owners (Calculate) percent of B	A Renters	B Total	(Calculate) percent of total
Elderly Headed Households	22,759	52.42	20,658	43,417	87.25
Other Elderly	3,886	61.29	2,454	6,340	12.74
(Calculate Total)	26,645	53.55	23,112	49,757	100.00

The above data is for age category 65+. The number of elderly 62 to 64 is found on line 10 (13,353). Percentages were calculated in the above table in order to estimate the distribution in the various categories in the table as follows:

a. Estimate number of elderly owners 62 to 64: 13,353 x .5355 = 7,150

b. Estimate number of elderly headed households 62 to 64 13,353 x .8725 = 11,650

Fill in the table below:

		Owners A	Renters B	Total C
Elderly Headed Households	-1	C1 x 5242=6,107 *	C1-A1=5,543	11,650
Other elderly	-2	C2 x 6129=1,043	C2-A2=660	C3-C1=1,703
Total	-3	7,1250	6,203	13,353

Totals can then be obtained by combining the numbers in the corresponding cells of the two tables with the final result as follows:

	Owners	Renters	Total
Elderly Headed Households (62+)	28,866	26,201	55,067
Other Elderly (62+)	4,929	3,114	8,043
Total Elderly	33,795	20,315	63,110

* Note: C1 = 11,650, A1 = 6,107. Therefore, the calculation for elderly headed households in a rented unit = 11,650-6,107 = 5,543.

Appendix J

Data Summary for Housing Needs Measures: The Housing Unit

DIMENSION AND MEASURES	DATA SOURCE(S)	GEOGRAPHIC LEVEL OF AGGREGATION				UNIT OF ANALYSIS								
		City	CC of MSA (AHS)	CC with 1 mill + population	CC of MSA w/in region	Household w/spouse 65+	Tenure (owner/renter)	Renter (only)	Housing units	Year round housing units	3 month + housing units	1 unit structure	Yr. round housing unit 4+ stories	
PHYSICALLY INADEQUATE HOUSING														
(1) Lacks complete or private plumbing	Census[1] HC80-1-B Table 74	•			•	•							•	
	AHS[4] Part A Table B-1	•				•			•					
(2) Lacks complete or private kitchen	Census HC 80-1-B Table 74	•			•									
	AHS SMSA Part A Table B-1	•				•			•					
(3) Basement shows signs of leaks	AHS SMSA Part B Table B-2	•				•			•					
(4) Leaking roof	AHS National Part B Table (R) -2			•		•			•					
	AHS SMSA Part B Table B-2	•				•			•					
(5) Open cracks or holes in walls or ceilings	AHS National Part 3 Table (R)-2			•		•			•					
	AHS National Part A Table (R)-1			•		•			•					
	AHS SMSA Part B Table B-2	•				•			•					
(6) Holes in floor	AHS National Part B Table (R)-2			•		•			•					
	AHS National Part A Table (R)-1			•		•			•					
	AHS SMSA Part B Table B-2	•				•			•					
(7) Signs of rats or mice in building in last 90 days	AHS National Part B Table (R)-1			•		•			•	•				
	AHS SMSA Part B Table B-1	•				•			•					
(8) Broken plaster or peeling paint (over 1 square foot)	AHS National Part B Table (R)-2			•		•			•					
	AHS National Part A Table (R)-1			•		•			•					
	AHS SMSA Part B Table B-2	•				•			•					
(9) No light fixtures in common halls of multi-family building	AHS SMSA Part B Table B-2	•				•			•					
(10) Light fixtures in common halls not working	AHS SMSA Part B Table B-2	•				•			•					
(11) Hazardous steps on common stairways in multifamily building	AHS National Part B Table (R)-2			•		•			•					
	AHS SMSA Part B Table B-2	•				•			•					
(12) Stair railing not firmly attached	AHS National Part B Table (R)-2			•		•			•					
	AHS SMSA Part B Table B-2	•				•			•					
(13) No elevator in building with 4 floors or more	Census PHC80-82 Table H-2	•							•			•		
	AHS National Part B Table (R)-1			•		•			•			•		
	AHS National Part A Table (R)-1			•		•			•			•		
	AHS SMSA Part A Table B-1	•				•			•					
(14) Every room does not have a working electric wall outlet	AHS National Part B Table (R)-2			•		•			•					
	AHS SMSA Part B Table B-2	•				•			•					
(15) Fuses blew 3 or more times in last 90 days	AHS National Part B Table (R)-2			•		•			•	•				
	AHS SMSA Part B Table B-3	•				•			•					
(16) Wiring in house is not concealed	AHS National Part B Table (R)-2			•		•			•					

DIMENSION AND MEASURES	DATA SOURCE(S)	GEOGRAPHIC LEVEL OF AGGREGATION				UNIT OF ANALYSIS								
		City	CC of MSA (AHS)	CC with 1 mill. + population	CC of MSA w/in region	Household w/spouse 65+	Tenure (owner/renter)	Renter (only)	Housing units	Year round housing units	3 month + housing units	1 unit structure	Yr. round housing unit 4+ stories	
(17) Toilet has broken down 3 or more times	AHS SMSA Part B Table B-3	•				•			•					
(18) Sewage disposal *not* public sewer, septic tank or cesspool	Census HC 80-1-B Table 74	•				•			•					
	AHS National Part A Table (R)-1			•					•					
(19) Main heating equipment is either room heater without vent or flue burning gas, oil, or kerosene or no heating equipment	Census HC 80-1-B Table 74	•			•				•					
	AHS National Part A Table (R)-1			•		•			•					
	AHS SMSA Part A Table B-1	•				•			•					
(20) Three or more heating equipment breakdowns of 6 or more hours last winter	AHS SMSA Part 3 Table B-3	•				•			•					
HOUSING CONTAINS PHYSICAL BARRIERS (1) Multi-unit Structure without elevator	Census PHC 80-B2 Table H-2	•							•					
	AHS National Part B Table (R)-1			•			•							
	AHS National Part A Table (R)-1			•					•					
	AHS SMSA Part A Table B-1	•							•					
(2) Loose steps	AHS National Part 3 Table (R)-2			•		•			•					
(3) Stair railings not firmly attached	AHS SMSA Part B Table B-2	•				•			•					
VERY SMALL HOUSING UNIT (1) Unit is an efficiency	AHS National Part A Table (R)-1 ("one room")			•		•								
	AHS SMSA Part A Table B-1	•				•								
	Census PHC80-S2 Table H-2 ("bedrooms—none)	•				•		•						
	(1970 Census Subject Report, Housing of Senior Citizens, HC (7)-2 Table 46)		•			•								
HOUSING UNIT NOT WEATHER RESISTANT (1) Leaking roof	AHS National Part B Table (R)-2			•		•								
	AHS SMSA Part B Table B-2	•				•								
(2) Missing storm windows	AHS National Part F Table (R)-1			•		•					•			
	AHS SMSA Part A Table B-1	•									•			
(3) Lacking insulation (attic or roof insulation)	AHS National Part F Table (R)-1			•							•			
	AHS SMSA Part A Table B-1	•									•			

AHS = American Housing Survey
CC = Central City
HC = Census of Housing, General Housing Characteristics
PC = Census of Population, General Population Characteristics

* by SMSA
In June 1984, the Office of Management and Budget redefined Standard Metropolitan Statistical Area (SMSAs) to Metropolitan Statistical Areas (MSA)

Appendix K

Sample Calculation for Estimating the Number of Elderly Occupied Housing Units with a Physical Deficiency (see Table 4.9)

The following calculations represent two approaches for estimating the number of housing units with select physical deficiencies that are occupied by an older person. The first example with New Orleans illustrates the calculation process for those cities (see Table 3.1 for listing) which are part of the American Housing Survey (AHS—formerly known as the Annual Housing Survey); the second example with Santa Barbara illustrates the calculation approach for those jurisdictions which will need to adjust state, regional or national data to estimate the prevelence of a particular housing deficiency in their community.

The process is essentially the same as used in earlier examples, i.e. 1) identify data, 2) prepare worksheets, and 3) do calculations. For nearly all the measures of housing deficiencies listed in Table 4.8 (see page 32) the number of owner-occupied units with a problem is reported separately form the number of renter-occupied units with the problem. Therefore, these examples will provide a guide for the mechanics of calculating the prevalence of the other measures of physical deficiencies listed. These example calculations are for the existence of a leaking roof as cited in Table 4.9 (see page 33).

Step #1—Locate the Relevant Published Data

Using the data summary presented in Appendix J indicates that the measure for a leaking roof is available at two geographic levels of aggregation:

(a) the combination of all central cities in each of the four census regions (see map on page 14: Northeast, North Central, South and West); and/or

(b) particular central cities of SMSAs for which the Census Bureau's American Housing Survey (AHS) does a special data collection (see Table 3.1).

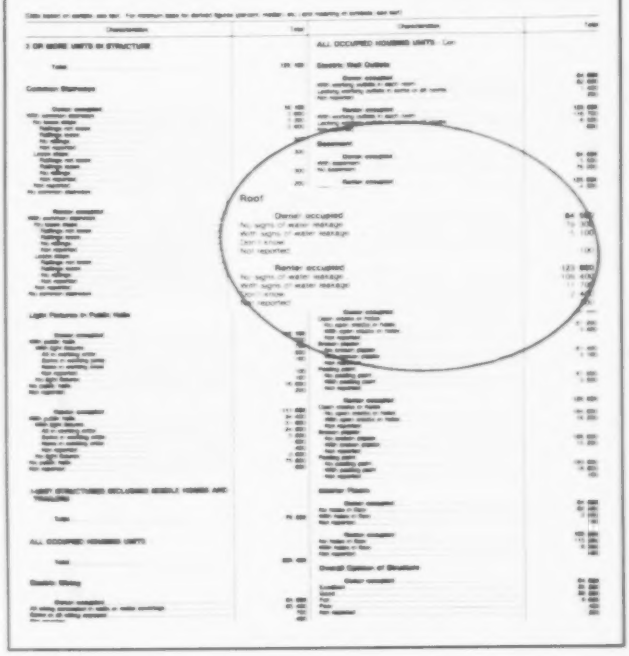
This situation of having two sources available for a particular measure, but with one source being more disaggregated than the other is very common. Since some cities will have access to city-level data from published sources (AHS), while other cities will have to adjust state, regional, or national data to reflect the attributes of their jurisdiction, examples of each is provided. New Orleans will illustrate the approach using AHS data; and Santa Barbara will illustrate the approach in which a city will need to rely on the adjustment of more aggregated data.

New Orleans—Example for AHS surveyed SMSAs

Step #1: Locate the Relevant Published Data

As indicated in Table 3.1, New Orleans is one of the sixty SMSAs surveyed by the AHS; and therefore, as indicated with Appendix J, it is the best source of information on this deficiency. The roof is one of the structural characteristics by deficiencies listed in Table B-2 in the AHS (H-170-82-30); the most recent data is 1982.

AHS-H-170-82-30, Table B-2. **Selected Structural Characteristics by Deficiencies for Occupied Housing Units: 1982**



Step #2: Prepare Worksheet for Calculations

Using the relevant numbers in this table, most numbers needed for the worksheet can be provided, as follows:

H-170-82-30
Annual Housing Survey: 1982
New Orleans, Louisiana SMSA
Table B-2

Total owner-occupied units	=	84,500
Total owner-occupied units with leaking roofs	=	5,100
Total renter-occupied units	=	123,900
Total renter-occupied units with leaking roofs	=	11,700

Some intermediate calculations can be taken at this point using these numbers to determine the proportion of all owner/renter occupied units with a leaking roof.

(1) Proportion of all owner-occupied units with leaking roof can be calculated as follows:	5,100 divided by 84,500=6.0%
(2) Proportion of all renter-occupied units with leaking roof is determined through the same process, i.e.	11,700 divided by 123,900 = 9.4%

These numbers and proportions provide the "big" picture for New Orleans housing units, however, they do not yet indicate the prevelance of housing units with leaking roofs that

Appendix K (continued)

are occupied by an older person. The next step, is to get an estimate of the number of occupied owner and renter units in which the elderly live. As indicated with the calculations for Table 3.5 (Appendix H) and Table 3.6 (Appendix I), it will be necessary to make the distinction between households in which an older person is the head of household (or spouse), and households in which an elderly person resides but not the head or spouse. Therefore, the use of data from the Census of Housing and the Census of Population will be needed. The worksheet for these two quantities is as follows:

1980 Census of Housing HC80-1-B20, Table 74 Detailed Housing Characteristics for Louisiana		1980 Census of Population PC80-1-B20, Table 28 General Population for Louisiana	
Housing units with householder or spouse		Persons 65 or older: 65 or older:	
		Other relatives	= 8,007
Total units	= 46,191	Non relatives	= 1,191
Owner-occupied	= 24,246	TOTAL	= 9,198
Total owner-occupied units	= 81,975		
Total renter-occupied units	= 124, 460		

The source and method for the calculation are exactly as those discussed earlier. First, subtract the number of elderly-headed households from those pertaining to the whole population, as follows:

Total owner-occupied units =	81,975
Elderly owner-occupied units =	−24,246
	57,729
Total renter-occupied units =	124,460
Elderly renter-occupied units =	−21,945
	102,515

(while this figure is not provided on Table 74, it is easily derived by subtracting the number of owners from the total, i.e 46,191 minus 24,246 = 21,945)

The results of adding these figures (57,729 plus 102,515 = 160,244) is the number of units where an elderly person is not the head or spouse. We can now calculate the proportion of these remaining elderly persons living in owned and rented dwellings, as follows:

Owners		**Renters**	
57,729	= 36%	102,515	= 64%
160,244		160,244	

Thus, **in addition** to the 24,246 owner-occupied housing units with an elderly head or spouse, there are approximately:

9,198	housing units with non-head or spouse
× .36	elderly resident
3,311	owned units where an elderly persons resides
	and
9,198	
× .64	
5,887	rental units where an elderly persons resides

Thus, to summarize:

24,246	owned units, elderly head or spouse	21,945	rented units, elderly head or spouse
+3,311	owned units, non-head or spouse elderly residents	+5,887	rented units, elderly resident not head or spouse
27,557	TOTAL	27,832	TOTAL

Step #3—Calculations

All of these intermediate calculations now make the task of arriving at the number and proportions of elderly living in housing units with leaking roofs a relatively simple task. As with all other calculations to be made using this approach of relying strictly on secondary data, we assume that the distribution of the particular housing need (e.g. leaking roof) that is observed in the total stock of occupied housing units applies to the housing units in which the elderly reside.

Accordingly, since 6.0% of all owner-occupied housing units were reported in the New Orleans AHS to have leaking roofs, we estimate that:

27,557	
× .06	
1,653	the total number of owned units in which the elderly live have this deficiency. Similarly,
27,832	
× .094	
2,616	the total number of rented housing units in which the elderly live that have this deficiency (leaking roof).

These numbers can, of course, be converted into proportions of different base populations. For example, taken together, these units represent 3.6 percent of the total occupied housing units in New Orleans and 13.3 percent of all units occupied by the elderly.

Santa Barbara: Example for other cities

Step #1—Locate the Relevant Published Data

The data summary given in Table 4.8 indicates that for a city that does not have an AHS-SMSA special survey, the most disaggregated data that can be found are regional agregates for central cities. AHS-H-150-80, Table E-2.

Estimates of the number of elderly persons living in owner-occupied and renter-occupied housing units are derived from 1980 Census of Housing, Table 74, and Census of Population, Table 28 sources as alread described. See Tables 3.5 and 3.6 to estimate elderly tenure (owners/renters).

Step #2—Prepare a Worksheet for Calculations
Source: same as example.

Elderly in owned homes	= 5,349	H-150-80 Annual Housing Survey: 1980 Part B: Indicators of Housing and Neighborhood Quality by Financial Characteristics
Elderly in rented homes	= 4,644	Inside Central Cities of SMSAs:
Total	9,993	In owned units = 120,000
		In rented units = 176,000
		Total owner-occupied units = 2,664,000
		Total renter-occupied units = 2,516,000

Step #3—Calculate

$\frac{120,000}{2,664,000}$ = 4.5% of all owner-occupied units have a leaking roof

$\frac{176,000}{2,516,000}$ = 7% of *all* renter-occupied units have a leaking roof

Assuming that an elderly person living in an owned or a rented home has the same likelihood of having a leaking roof as a person of any age who lives in an owned or rented home, we apply these percentages or rates to the numbers of elderly residents in each of these tenure groups:

In owned homes:	**In rented homes:**
5,349	4,644
× .045	× .07
241	325

Overall, then, 241 + 325 = 566 housing units or $\frac{566}{9,993}$ = 5.7%

H-150-80, Table E-2. **Selected Structural Characteristics by Deficiencies: 1980**
(Numbers in thousands. Data based on sample, see text, for minimum base for derived figures (percent, median, etc.) and meaning of symbols, see text)

	Inside SMSA's
	In Central Cities
Roof	
Owner Occupied	2,664
No Signs of Water Leakage	2,788
With Signs of Water Leakage	120
Don't Know	30
Not Reported	16
Renter Occupied	2,516
No Signs of Water Leakage	2,883
With Signs of Water Leakage	176
Don't Know	304
Not Reported	13

of all units in which elderly persons reside in Santa Barbara are likely to have this physical deficiency.

If it is desirable to expresss this as a proportion of all occupied housing units in Santa Barbara, we refer back to Table 3.6 where we estimated that Santa Barbara has 13,532 owner-occuied units and 18,977 renter-occupied units. Therefore,

All Units:	**Owners:**	**Rented:**
$\frac{566}{32,509}$ = 1.7%	$\frac{241}{13,532}$ = 1.8%	$\frac{325}{18,977}$ = 1.7%

Appendix L

Wheeling: Sample Calculations

The sample calculations used in Wheeling to estimate the number of housing units containing an elderly person and those units with select deficiencies. See page 34 for further explanation.

Estimating the Number of Housing Units that Contain Elderly Residents

Source: Census HC80-1-B50	Census PC80-1-B50	
Elderly Occupied Housing Units—5,363	Elderly Other Relatives—	640
	Non-relatives	94
		734

Total Possible Housing Units containing elderly residents = 5,363 + 734 = 6,097

Data Source: Census HC80-1-B50

Housing Units with householder or spouse 65 or older:

Elderly owner-occupied units	= 3,173
Elderly renter-occupied units	= 2,190
Elderly total units	= 5,363

3,173/5,363 = 59.2% of all units have head of household 65 or older.

Wheeling total owner-occupied units	= 9,935
Wheeling total renter-occupied units	= 7,166

Total owner occupied units	=	9,935
Elderly owner occupied units	=	−3,173
Universe of "others"	=	6,762
Total renter-occupied units	=	7,166
Elderly renter-occupied units	=	−2,190
Universe of "others"	=	4,976

4,976 + 6,762 = 11,738 Total units where elderly is not head of household (HH)

6,762/11,738 = 57.6% of remaining elderly live in owned homes where they are not head of household.

4,976/11,738 = 42.4% of remaining elderly live in rented homes where they are not head of household.

734 x 0.576 = 422.8 elderly in owned homes where they are not head of household.

734 x 0.424 = 311.2 elderly in rented homes where they are not head of household.

	Owners	Renters	Total
Elderly headed households	3,173	2,190	5,363
Other Elderly	423	311	734
Total	3,596	2,501	6,097

Owners: 3,596/6,097 = 58.9%

Renters: 2,501/6,097 = 41.0%

Estimating the Number of Housing Units with Selected Deficiencies that Contain an Elderly Resident

The second step of the process was relatively easy to work through as well. Once the sources were identified, the process required simply applying the previously developed calculation to the appropriate "indicator of need."

Following the process outlined in the guidebook, the City of Wheeling did apply the smallest geographic level of data available which was, in most instances, the Annual Housing Survey (National) for the Southern Region in which West Virginia is located. However, since West Virginia, and Wheeling in particular, is located in the extreme northern part of the Southern Region as designated by the Bureau of Census, the data aggregated for the North Central Region would probably have been more resentative for the City.

The following are two examples of the application of the calculation developed in step one to a specific housing characteristic "indicator of need", thereby identifying the proportion of elderly exhibiting that characteristic. The first example uses data available at the city level. The second example utilizes data available only on a much larger geographic basis.

Example 1

Lacks complete or private plumbing

Data source—Census of Housing (HC80-1-B 50 Table 74)

Characteristics of housing units with householder or spouse 65 years and over lacking complete plumbing for exclusive use in Wheeling—91, SO

91/5,363 =	.017 x 3,596	= 61.1% Owner occupied
	61.1/6,097	= 1.0% Owner occupied
91/5,363 =	.017 x 2,501	= 42.5% Renter occupied
	42.5/6,097	= .71% Renter occupied

Dimension and Measure	percentage of elderly		number of elderly	
	Owner	Renter	Owner	Renter
1. Physically Inadequate Housing				
(1) Lacks complete private plumbing	1.0	.71	61	43

Since available printed data provided us with the number of elderly within the City of Wheeling experiencing this dimension of need, the process of determining the actual number and percentage living in renter-occupied and owner-occupied units required only one calculation. The results, therefore, are fairly reliable.

Example 2

Leaking roof

Data Source—AHS National Part B Table D-2 "Selective Structural Characteristics by Deficiencies" (Southern Region)

Total Owner-Occupied Units	3,662,000
Total Rental Occupied Units	3,325,000
Owner occupied Units with Signs of Leakage	184,000
Renter-occupied Units with Signs of Leakage	277,000

$\frac{184,000}{3,662,000}$ = 5% of all owner occupied units have a leaking roof

$\frac{277,000}{3,325,000}$ = 8.3% of all renter-occupied units have a leaking roof

Applying these percentages to the numbers of elderly residents in each of these tenure groups previously calculated, we find:

In owned homes	In rented homes
3597 x .05 = 180	2501 x .083 = 208

Dimension and Measure	percentage of elderly		number of elderly	
	Owner	Renter	Owner	Renter
1. Physically Inadequate Housing				
(1) Leaking roof	.05	.083	180	208

Estimating the Number of Elderly Occupied Units with Physical Deficiencies in Your City

Appendix M

Applicability of Methods of Needs Assessments

Conclusion Types	Methods				
	Survey of Elderly Respondents	Secondary Data Use	Key Informant	Group Process/ Public Meetings	Service Use or Request Statistics
Type 1: Population description	APPLICABLE Can provide detailed information that may not be available from other sources.	APPLICABLE Very useful for population description.	NOT APPLICABLE Other methods more suited to quantified description of the population.	NOT APPLICABLE	NOT APPLICABLE
Type 2: Description of problems of the target population.	APPLICABLE Can be used to produce a description of problems if proper questions are included.	LIMITED APPLICABILITY Synthetic estimation can be used to determine the types and extent of problems of the target population if the agency has the capability to carry it out.	SOME APPLICABILITY Experience of key informants leads to an understanding of the problems of the target population.	LIMITED APPLICABILITY Sample skewed by nature of method but crucial issues may be brought to light.	NOT APPLICABLE No new understandings of problems can be derived from review of previous solutions.
Type 3: Description of available services	LIMITED APPLICABILITY Can be used to collect information on respondents' current or past use of services. Not suitable for comprehensive description of available services.	NOT APPLICABLE Note: service use and/or request statistics are considered separately.	LIMITED APPLICABILITY Available services may be listed but not quantified. Not efficient.	NOT APPLICABLE Inefficient, inaccurate approach to information about existing services.	APPLICABLE Necessary for quantification of services.
Type 4: Determination of unmet need	LIMITED APPLICABILITY Can provide part of raw material for supply-demand match; if questions are asked concerning needs for which no help is available, method has some applicability.	NOT GENERALLY APPLICABLE Synthetic estimation might be possible in a few agencies.	APPLICABLE Key informants will have formed judgments based on experience concerning unmet service needs.	LIMITED APPLICABILITY Crucial unmet needs may be brought to light but unwieldy for this purpose.	APPLICABLE Can provide indication of insufficient supply of services if request statistics are used. Can provide raw material for supply demand match.
Type 5: Priority determination	SOME APPLICABILITY To be applicable questions seeking the respondents' priority rankings must be asked.	NOT APPLICABLE	APPLICABLE Key informants' priority rankings are based on experience and contact with persons in the community.	LIMITED APPLICABILITY If participants are carefully chosen, group process may be useful for priority setting.	NOT APPLICABLE

Note: "Applicable" indicates that the method provides a useful approach to the outcome. "Some Applicability" indicates that the method may be useful in certain circumstances. "Limited Applicability" indicates that in certain circumstances some useful information may be generated, and "Not Generally Applicable" indicates that the method may be useful in certain rare

Source: Lareau Leslie, S., Ph.D., "Needs Assessment of the Elderly: Conclusions and Methodological Approaches," *The Gerontologist*, 1984, p. 518.

Appendix N

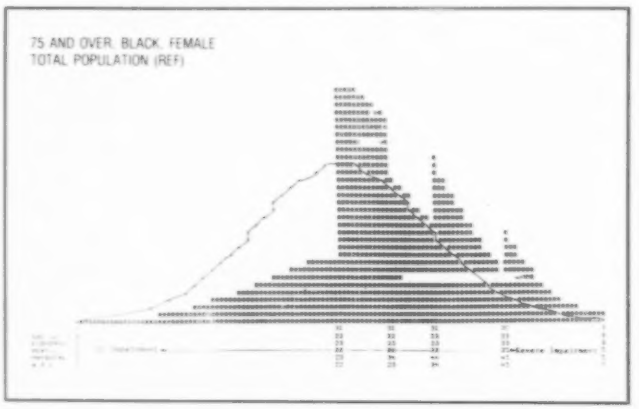
Montgomery County: Computer Needs Assessment

This computerized needs assessment methodology was developed by SAVANT, Inc. a consulting firm located in Montgomery County, Maryland. The computer model was developed based upon data obtained through a General Accounting Office (GAO) study of the elderly in Cleveland.

The overall conclusion of the GAO study was that functional status, service needs, and the impact of services can all be objectively defined and measured. An analysis of the GAO study revealed a "relationship" between an older people's demographic/socioeconomic characteristics and their functional status, and a comparably strong relationship between functional status and service needs. There was also reasonable evidence that service provision by family and friends could be associated with demographic characteristics and functional status.

This model uses a series of computations, based on the age, race and sex data/projections of the older population in a specified geograhic area (i.e. planning areas) and forecasts the functional impairment and services needs of the population. The methodology is as follows:

- The elderly population within the geographic area are classified into sixteen "functional status groups." Members of each group share similar social resources, economic resources, mental health, physical health, and the ability to perform the activities of daily living. These l6 class groups are divided into three categories: those with little or no impairment, those who are moderately impaired, and those who are extremely impaired.
- The number of elderly in each group who need or would use certain services is determined, including the number who would receive some of these services from family or friends.
- The total amount of service needed, and the amount of service likely to be provided by family and friends is computed for each group by multiplying the number of persons needing services by the average amount of services a member of that group would typically receive.
- The net amount of service needed by each group that must come from "formal" service providers is determined by subtracting the estimate of informal service provision from the estimated total service need.



The computer model provided an impairment profile for each of the eight demographic cohorts using sixteen different levels of impairment, generally categorized as: little or no impairment (combinations of 1-7 impairments); moderate (8-12); or severe (13-16).

Once generated, the distribution was applied to the actual numbers within a particular cohort living in a particular geographic area, i.e. census tract. The Montgomery County application was made by planning district. (the sample printout indicates the level of functional impairment for one of the planning districts, i.e., Wheaton).

Having calculated the gap between assistance needed and estimates of informal services provided by friends and relatives, the computer model was also able to project the amount and types of support services needed.

	LITTLE OR NO IMPAIRMENT	MODERATE IMPAIRMENT	SEVERE IMPAIRMENT
TRANSPORTATION	7879	1370	320
ESCORT	2114	1165	343
SOC/REC	3993	489	72
JOB PLACEMENT	262	19	0
SHELTERED EMPL	417	42	8
EMPL EDUCATION	203	45	3
EDUCATION	478	24	7
REMED TRAINING	147	37	11
MENTAL HEALTH	387	235	78
PSYCHOTR DRUGS	1644	558	149
PERSONAL CARE	846	508	254
NURSING CARE	1884	967	175
DOCTOR VISITS	4685	1499	389
HOSPITAL DAYS	1778	681	158
SUPP. DEVICES	588	226	69
PHYSICAL THERAPY	427	173	41
CONT. SUPERVISION	373	367	107
CHECKING	2642	569	99
RELOCATION SVC	536	214	48
HOMEMAKER	2110	1400	327
MEALS	811	678	289
GAMEKEEPS	2944	868	179
ADMIN/LEGAL	1093	387	98
EVALUATION	553	241	60
FINANCIAL AID	3679	1054	216
TEMP SUBSTITUTE	564	203	52
INFO & REFERRAL	3162	585	126
OUTREACH	518	131	24
MONITORING	981	349	98

Appendix O

Inventory of Local Housing Alternatives in Dayton

Type	Definition/Level of Care	Current Capacity	Monthly Costs/Eligibility
Independent Living	A person living alone or with spouse within own home or apartment	Not Applicable	Not Applicable
Subsidized Housing	Apartments for those who can live independently where the rent is subsidized by the federal government.	4,786 units waiting lists generally, but some locations have vacancies.	Eligibility based on income families ($908/month), single elderly persons ($796/month) Usually tenant pays no more than 30% of income for rent
Home Matching	Housing arrangement in which a homeowner voluntarily takes in one or more persons (young or old) in order to meet income needs, take care of chores, combat isolation. Matches are usually set up by an organization or agency.	No program currently exists in Montgomery County, though a Kettering group is considering sponsoring one.	Not Available
Shared Housing	A housing arrangement for a group of independent persons who pool resources and share some community space. May or may not involve the hiring of a manager, cook or other supportive help.	Some private arrangements probably exist, but are unknown.	Rents are negotiated by interested parties.
Congregate Housing	A housing arrangement operated by a proprietary or non-profit agency for older, independent adults where at least meal service is provided. Other services may include transportation, laundry, etc.	St. Leonard's Center (100 rooms) Washington Manor (72 rooms) Schulze Share-A-Home (8 rooms) Wilmington Woods (214 proposed) Admiral Benbow Hotel (144 proposed)	Units range from $300—750 Elderly not denied due to low income Units range from $700—870 $510 $1,000 est. $600—800 est.
Living with Relatives	A living arrangement where at least a semi-independent older adult lives with relatives, with services and care provided by a family member. Degree of care varies greatly from housekeeping to intermediate, and skilled care depending on need and supportive family's ability to provide care.	Not applicable.	Older adult may be able to receive supportive social and health services from local providers.

Type	Definition/Level of Care	Current Capacity	Monthly Costs/Eligibility
Foster Care	A living arrangement where an adult or adults (5 or less) live with a non-relative in a family setting. The older adult usually has an impairment that limits his or her ability to lead an independent life. Most foster homes care for one or two adults (due to zoning)	Catholic Social Services (26 homes)	$300 payment to caregiver
		Mental Health agencies (50 homes)	Limited to elderly with mental health problems. $225—600 payment to caregiver
		Veterans Administration (5 homes proposed)	Limited to veterans. $300—500 payment to caregiver
Sheltered Group Housing/ Boarding Home	A facility where a group (6 or more) of semi-independent adults live in a community-based setting. Usually some level of care is provided to the older adult who suffers from a mental or physical impairment	Eastway Mental Health Center (11 homes)	Limited to elderly with mental health problems; $235 payment to caregivers
		Private boarding homes (number unknown)	Monthly costs vary
Rest Home/ Custodial Care	A facility that provides services to 6 or more individuals who are dependent on the services of others by reason of physical or mental impairment, but who do not need skilled or intermediate care	Widow's Home (48 beds)	$350
		Parkview Manor (14 beds)	$650
		County Home (80 beds)	Available only to low income; resident's own income used in partial support of $900 monthly cost
Nursing Home	A facility that provides intermediate and/or skilled nursing care to 3 or more persons	41 homes (3,501 beds)	Costs range from $900—1,950
Total Living Communities	A facility that provides a range of housing and support services to meet the needs of independent, semi-independent and dependent adults (including custodial, intermediate, and skilled care). Often an endowment is required of residents in addition to monthly charges	Bethany Lutheran Village (525 residents)	$9,000—65,000 endowment plus $190—1,959/month
		Friendship Village (433 residents)	$23,000—64,000 endowment plus $490—630/month
		Maria Joseph Living Care Center (397 residents)	$2,000 entrance fee (may be waived for non-nursing care levels) plus $750—1,890/month

Source: Report of the Mayor's Task Force on Housing Alternatives for the Elderly, City of Dayton Ohio, September 1984, p. 8-9

Appendix P

Checklist for Developing Policy Options for Shelter

1. Forming a Broad-Based Community Problem-Solving Partnership

- Who are the key public, private, and community actors involved in issues of housing?
- How have business groups (board of realtors, savings and loans, property insurers) been involved in discussions about housing for the elderly?
- How do state and local planning, taxation, building, and code enforcement agencies relate to these issues?
- Which community organizations (neighborhood groups, tenants' organizations, homeowners' associations, etc.) have a vested interest in housing?
- Does some sort of organized housing coalition exist in the community, or can a new one be organized to focus on shelter needs of the elderly?

2. Diagnosing the Problem

- What kinds of difficulties are faced by elderly homeowners and tenants?
- What is the current state of the local housing market: average costs? vacancy rates? interest rates? extent of abandonment?
- What kinds of supportive, noninstitutional housing alternatives exist for the elderly?
- What external factors are influencing the local housing market: economic conditions, interest rates, declines in subsidy programs?
- What local factors are influencing the local housing market: demand for housing, constraints on new housing development, age and condition of housing, changing demographics?
- What are the current government housing programs and policies relating to older persons?
- What are current private sector practices and policies regarding housing for the elderly?

3. Identifying Potential Policy Options

- What uses of local governance powers could help address the problem (tax policy changes, code reform, zoning initiatives, regulatory protections)?
- How do private sector policies relate to the problem (lending practices of banks, the practices of realtors and insurers, the investments of corporations, and union pension funds)?
- What opportunities exist for community involvement and volunteerism in resolving elderly shelter needs?
- How can the elderly themselves, through self-help and mutual support, be involved in the problem-solving process?
- What kinds of incentives (e.g., tax, zoning) could state and local governments provide or what barriers (e.g., regulatory, administrative) could they remove to encourage greater private and community involvement?
- What advocacy and supportive roles could the aging network play with respect to other local actors?

4. Negotiating Action Agreements

- What are the expected impacts (costs and benefits) of the various policy options being considered?
- What are the implementation considerations (timing, obstacles, legality, special approvals) involved with each option?
- What are the political considerations involving local elected officials and the local financial and real estate community?
- Is there a consensus among the participants about the preferred options? Can there be trade-offs or compromises among the participants? How can government encourage changes in banking and realty practices?
- Is the negotiated agreement clear and understood by all parties? Are roles well-defined? Objectives established? Commitments secure? Schedules agreed to?

5. Implementing Action Agreements

- What vehicle will be used for implementing the agreements?
- What assurance is there that the agreements will be carried out?
- What responsibility does each partner in the agreement (the local government, banks community groups) have for implementation?
- What measures (e.g. number of new housing units, percentage of elderly placed) will be used to determine if the approach is working?
- Who will monitor and report on the progress of the agreement to see that it is realized?
- What mechanism will be used to keep the lines of communication open among partners during the implementation of the agreement?
- What is the contingency plan if the initiative fails or goes awry?

Source: SRI International with the National Association of Counties and the United States Conference of Mayors, Rediscovering Governances: Using Policy Options to Address the Needs of Older Americans, July 1983 p. 90-92.

Contacts For Community Planning for Elderly Housing

To assist you with developing a community planning strategy for elderly housing you may wish to develop a list of contacts for key community agencies. These individuals who represent various perspectives, knowledge and skills may be helpful with researching background information and data, as well as provide guidance and/or membership of a locally established task force, or housing coalition.

Each community will need to identify the relevant individuals and agencies which best suits your community needs based on the role, authority and resources of key government and community agencies as well as your local community situations for planning and developing elderly housing. The following is a suggested list of the types of cross-cutting agencies which you might want to consider to be represented.

- **City Government Officials** (such as: the Mayor's office, city council, city manager, city aging office, housing department, human services, planning, community development, health, park and recreation, police and fire, etc.)

NAME _____
TITLE _____
ADDRESS _____
_____
PHONE _____

NAME _____
TITLE _____
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Other public officials (such as: planning commission, zoning board, housing authority, economic development agency, county government, surrounding cities and towns, council of governments, key state government agency, key federal regional office, etc.)

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- **Community Agencies** (such as: the Area Agency on Aging, United Way, community trusts, human services planning agencies, council of churches, associations for realtors and home builders, developers, representatives of business and finance, community colleges and universities, hospitals, cooperative extensions, social service agencies, neighborhood associations, unions, media, foundations, social and fraternal organizations, etc.)

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- **Senior Citizens Representatives** (such as: the local chapter of the American Association of Retired Persons and other national/state aging organizations, local aging commission or council on aging, senior centers, aging advisory councils, aging advocacy organizations, senior clubs, tenants associations, senior volunteers agencies, etc.)

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Elderly Housing Project
National Advisory Panel

Bridgeport
Dr. Ruth M. Gonchar, Director
Department of Human Resources Development

Steve Sasala, Planning Director
Office of Development Administration

New Orleans
Alvertha Bratton-Penny, Director
Planning and Community Services

Mary Hadley, Deputy Director
Human Resources Policy and Planning

Dr. Monica Lett, Housing Director
Housing and Community Development

Santa Barbara
Harriet Miller, Chairperson
Housing Authority

Don Olson, Housing Specialist
Community Development Department

Wheeling
Wayne Barte
City Manager

Paul T. McIntyre, Director
Department of Development

Administration on Aging
Norm Weiss
Division of Research and Demonstration

Department of Housing and Urban Development (HUD)
Drew Allbritten
Office of Intergovernmental Affairs

Mary Ann Gomez
Elderly Housing Specialist

Deborah Greenstein
Office of Policy Development

The Urban Institute
Dr. Raymond Struyk
Center for Housing and Community Development Research

Dr. Sandra Newman
Center for Housing and Community Development Research

National Community Development Association (NCDA)
Joan Crigger
USCM Director for Housing, and liaison to NCDA

US Conference of Mayors (USCM)
Larry McNickle
Director for Aging Programs

Ex-officio members
The Honorable Robert Buhai, Mayor of Highland Park,
Chairperson, US Conference of Mayors
Subcommittee on Aging

Paulette Fried, Coordinator of Elderly Programs
Housing Opportunities Commission
Montgomery County, Maryland

Edward Henry, Senior Housing Planner
Urban Redevelopment Authority
City of Pittsburgh

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